TRIO
STUDENT SUPPORT SERVICES
COPIAH-LINCOLN COMMUNITY COLLEGE

Students **O**btaining **A**cademic **R**ewards

11 Co-Lin Circle, Natchez, MS 39120
601-446-1115

PROGRAM APPLICATION

PERSONAL INFORMATION

Co-Lin ID#	Date of Birth / /

Last Name	First Name	MI

Mailing Address	City	State	Zip Code

Primary Phone **( ) -**	Mobile **( ) -**	Email

DEMOGRAPHIC INFORMATION

GENDER
☐ Male
☐ Female

CITIZENSHIP STATUS
☐ U.S. Citizen
☐ Permanent Resident
☐ International Student Resident

RACE/ETHNICITY
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ White
☐ Native Hawaiian or Pacific Islander

Are you Hispanic/Latino? ☐Yes ☐No

MARITAL STATUS
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

EDUCATION INFORMATION

DEGREE(S) AND DIPLOMAS RECEIVED
☐ GED
☐ High School Diploma _____/_____/_____
Graduation Date
☐ Other _____

CLASSIFICATION
☐ Freshman, never attended college (0 credits)
☐ Freshman (1-27 credits)
☐ Sophomore (28 + credits)

MAJOR _____

FINANCIAL AID INFORMATION

Have you been awarded federal financial aid (Pell Grant or Work Study)?
☐**Yes**   ☐**No**

If **NO**, why not?
☐ I have not applied but will apply for assistance this year.
☐ I have not applied and will not apply for assistance this year.
☐ I am not eligible
   ☐ I do not qualify for federal student aid
   ☐ I am on financial aid suspension
   ☐ Other _____

SOAR SERVICES REQUESTED
SELECT ALL THAT APPLY

☐ Tutoring Assistance
☐ Academic Coaching/Advising
☐ Career Coaching/Exploration
☐ Financial Literacy Education
☐ Financial Aid Advising
☐ Transfer Advising/Planning
☐ Campus and Community Engagement
☐ Academic Skills Coaching (Time Management, Study Skills, Test-Taking Strategies)

DISABILITY STATUS

Do you have a documented disability?   ☐ Yes   ☐ No
If **YES**, is your disability documentation on file with CLCC's Disability Support Services Office?   ☐ Yes ☐ No

FIRST GENERATION COLLEGE STATUS

Your **mother's** highest degree:
☐ Did Not Complete High School
☐ H.S. Diploma ☐ Associate's
☐ Bachelor's ☐ Master's
☐ Doctoral ☐ Unknown

Your **father's** highest degree:
☐ Did Not Complete High School
☐ H.S. Diploma ☐ Associate's
☐ Bachelor's ☐ Master's
☐ Doctoral ☐ Unknown

If you have a different situation (legal guardian, foster care, etc.) explain:
_____
_____
_____

CERTIFICATION AND RELEASE OF INFORMATION AUTHORIZATION

I certify the information provided is, to the best of my knowledge, true and accurate. By applying to this program, I authorize SOAR/SSS to access information pertinent to my participation, including assessing the need for services, monitoring academic progress, evaluating program effectiveness, and fulfilling program reporting requirements. I understand that all information will remain confidential and will be used for a) eligibility determination, b) student demographic record keeping, c) needs assessment, d) federal reporting, and e) other administrative purposes. I acknowledge that completing this application does not guarantee my admission to the program.

Student Signature _____   Date _____/____/_____

DOCUMENT OF INCOME STATUS

Students Obtaining Academic Rewards (SOAR) is a Student Support Services program funded by the United States Department of Education. Federal regulations require verification of income be submitted as part of the application process. Applicants are asked to provide documentation of income to determine eligibility for services. Acceptable documentation includes **previous year's federal tax return, a signed statement attesting income amount, or the Institutional Student Information Record (ISIR).**

Student Name _____

Financial Aid Status: ☐ Dependent Student: A student claimed by parent(s) or another person(s)

☐ Independent Student: A student is considered independent if they are 24 years of age or older, married, a veteran or active-duty military member, have legal dependents (excluding a spouse), are in foster care or a ward/dependent of the court, or have been classified as independent by the Copiah-Lincoln Community College Financial Aid Office.

PLEASE SELECT ONE

___ **I will provide a copy of my (independent student) or my parents' (dependent student) prior year federal tax return.**

___ **I authorize and direct Copiah Lincoln Community College to provide a copy of my current Institutional Student Information Record (ISIR) for the purpose of verifying my eligibility to participate in SOAR, a federal TRIO program.**

___ **I will provide a signed statement attesting my family income by completing the information below.**

Number of people in your household _____

Did anyone in your household file federal income tax? ☐YES ☐NO

If yes, what was the taxable income? $ _____
Taxable income can be found on Line 15 on Form 1040

If neither you nor your parents filed taxes, what was the income source?
☐ Social Security ☐TANIF ☐ Child Support ☐ Other: _____

I hereby certify that all information provided above is correct and true to the best of my knowledge. I understand that the information provided will be used to determine eligibility for Students Obtaining Academic Rewards and is subject to external verification by the United States Department of Education. I understand that falsification of information will result in program ineligibility and may result in prosecution.

Student Signature: _____ Date: ____ / / _____

Parent Signature: _____ Date: ____ / / _____
*A parent or guardian of financially **dependent** students must sign this form.

Copiah-Lincoln Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or other factors prohibited by law in any of its educational programs, activities, admissions, or employment practices.

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