



Student Support Services Program Application

Please Print



Personal Information

Last Name _____ First Name _____ Student ID _____ Date _____

Mailing Address _____
Street City State Zip

Date of Birth _____ Home Phone _____ Campus Email _____

Cell Phone _____ Can we Text you? Yes _____ No _____ Gender: M _____ F _____

Are you Hispanic or Latino? (that is, Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origins, regardless of race?) _____ Yes _____ No

Ethnicity: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

Eligibility Verification

My current program of study is _____ here at Gateway Technical College.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I am a U.S. Citizen or Legal Permanent Resident.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Has your mother received/earned a 4-year college degree?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Has your father received/earned a 4-year college degree?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you received/earned a 4-year college degree?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I am receiving the PELL grant (check your FAFSA Student Aid Report)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	My disability documentation has been submitted to one of Gateway's Special Needs Counselors.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	After completing courses at Gateway Technical College, I plan to transfer to a 4-year college or university.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I received a copy of the TRiO SSS Program Policy handout and I understand the participation expectations.

Consent to Release Information

Please consider my application for TRiO SSS services. I allow TRiO SSS staff to verify my eligibility and track my progress through information obtained from staff, faculty and/or administration here at Gateway Technical College. The above information is true and complete to the best of my knowledge. I understand that this information will be treated as confidential, but will be reported to the U. S. Department of Education as a condition of funding for this program.

Please forward completed application to:

Katherine Saunders Gateway Technical College 496 McCanna Pkwy. Burlington, WI 53105 (262)767-5410 saundersk@gtc.edu	OR	Doreen Gaul Gateway Technical College 3520 30 th Ave. Kenosha, WI 53144 (262)564-2318 gauld@gtc.edu
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 Applicant Signature Date