

Location: Building M, First Floor, Room M-150



Anthony Sago (*Director of TRIO Services*) 815-599-3588
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Email: projectsucceed@highland.edu



NOTICE

If the student who is filling out this application is under 24 years of age and has **not** been declared independent, the **dependent** page of the Educational Attainments & Income Form will need to be filled out and signed by a parent or guardian.

If the student **is** independent, the **independent** page of the Educational Attainments & Income Form will need to be filled out and signed by the student.

Thank you,
Project Succeed Staff



The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of their official duties.



HIGHLAND COMMUNITY COLLEGE
2998 W. PEARL CITY ROAD
FREEPORT, IL 61032-9341

Project Succeed/TRIO Student Support Services Program Application

Name (Last, First, MI) _____ Student ID Number _____

Date of Birth _____ Gender: Male Female

Phone (____) _____ Cell (____) _____

Address _____ City _____ State _____ Zip _____

E-mail address _____

Choose one or more of the following racial groups. (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Hispanic or Latino |

What is your major? _____ What is your career goal? _____

Highland Community College first enrollment date (even if you took semesters off): _____

How many college credits have you completed so far? _____ Full-time or part time student _____

How many hours a week do you plan on working during the semester? _____

Are you planning on transferring to a four-year university? Yes ___ No ___ Undecided ___

Please indicate how you heard about Project Succeed.

- Advisor FYES Flyer/Brochure Another Student _____
 Project Succeed Staff Instructor Other _____

Financial Information

I have applied for federal financial aid (FAFSA). Yes No

Did you qualify for Pell Grants this academic year? Yes No

Married Single Do you have children under 18? Yes No If yes: what are their ages?

Academic Information

I need one or more of the academic services that Project Succeed provides (please check all that apply):

- 1.) ___ Instruction in reading, writing, study skills, mathematics and other subjects necessary for success
- 2.) ___ Personal counseling
- 3.) ___ Academic advice and assistance in course selection
- 4.) ___ Tutorial services, counseling or peer counseling
- 5.) ___ Exposure to cultural events and academic programs not usually available to me
- 6.) ___ Career counseling
- 7.) ___ Assistance in transferring to a four-year college or university

Please check all that apply to you:

- Cumulative high school or college GPA below 2.5
- A nontraditional college student (out of school for a minimum of 5 years)
- Completed GED or high school equivalency
- Currently failing a class or have a poor midterm grade
- One or more "F's" on transcript
- Lack of educational and/or career goals
- Diagnosed and documented disability or need for special academic accommodations (note-taking, test-reading)
- Placed in developmental class/classes (Math 091 or below; Rdg 120 or below; LTRE 097 or below)

Information received on this application will be held highly confidential. The application and any part of its contents will not be released to anyone other than program staff without a written statement from you.

Please sign and date below if you agree to the following:

- *The college reserves the right to admit or deny any student enrollment in Project Succeed. Completion of application does not guarantee acceptance into program.*
- *If accepted into the program, I agree to allow my name and/or picture to be printed in any TRIO newsletter, publication, or display in recognition of academic success, leadership, or graduation.*
- *I agree to meet with my Project Succeed advisor at least once each semester and notify the program if my contact information changes or if I change my academic program.*
- *Participants also give permission to discuss issues related to their academic progress with the other college faculty and/or staff for the purpose of coordinating academic and personal support services as long as the student is an active participant of the program.*
- *I also authorize Project Succeed staff to share academic, and when appropriate, personal information with Student Support Services personnel on other campuses.*
- *The Project Succeed staff is authorized to provide enrollment and participation information to the US Department of Education for statistical purposes.*

I have read and understand all questions and statements in this form. I authorize the Project Succeed staff to obtain my academic records. All of the information that I have provided on this form is true and correct to the best of my knowledge.

Student Signature _____ **Date** _____

Please return this form to Project Succeed office, Bldg M, first floor
815-599-3583

**HCC Project Succeed
TRIO Student Support Services
Educational Attainment & Income Form – DEPENDENT Student
2022-2023**

To Be Completed by the Student's Parent/Legal Guardian

The following information is used to determine eligibility for Student Support Services (SSS). Please complete and sign all sections in ink or type. SSS is federally funded by the Department of Education for \$289,429 and requires that we report statistics about the students we serve.

Student's Name: _____

Name of Parent/Legal Guardian: _____

Parent/Legal Guardian Phone No: _____ Parent/Legal Guardian Email Address _____

Eligibility

A student is eligible to participate in Student Support Services/Project Succeed if the student is: accepted or enrolled at HCC, is a citizen, national, or permanent resident of the U.S., AND is a low-income, first generation or disabled college student:

Is student enrolled at HCC or accepted for enrollment in the next academic term? Yes ___ No ___

Is student a citizen or national of the United States? Yes ___ No ___

If no, is student a permanent resident of the U.S., or meet the residency requirements for Federal student financial assistance? Yes ___ No ___

Did either one of the natural or adoptive parents of the student earn a baccalaureate degree? Yes ___ No ___

If prior to the age of 18 the student regularly resided and received support from only one parent, did that parent receive a baccalaureate degree? Yes ___ No ___

Does student have any documented disability? Yes ___ No ___

If yes, are they currently receiving services from HCC's Office for Students with Disabilities? Yes ___ No ___

Number of people living in parent/legal guardian's household? _____

What was your family's taxable income for last year? _____

[Taxable income is not the same as gross or adjusted gross income. Look at the following line on your taxes for last year: Form 1040 - line 15](#)

All of the information on this form is true and complete to the best of my knowledge.

Parent/Legal Guardian Signature

_____/_____/_____
Date

**HCC Project Succeed
TRIO Student Support Services
Educational Attainment & Income Form – INDEPENDENT Student
2022-2023**

To Be Completed by the Student

The following information is used to determine eligibility for Student Support Services (SSS). Please complete and sign all sections in ink or type. SSS is federally funded by the Department of Education for \$289,429 and requires that we report statistics about the students we serve.

Student's Name: _____

Student's Phone No: _____ Email Address _____

Eligibility

A student is eligible to participate in Student Support Services/Project Succeed if the student is: accepted or enrolled at HCC, is a citizen, national, or permanent resident of the U.S., AND is a low-income, first generation or disabled college student:

Is student enrolled at HCC or accepted for enrollment in the next academic term? Yes ___ No ___

Is student a citizen or national of the United States? Yes ___ No ___

If no, is student a permanent resident of the U.S., or meet the residency requirements for Federal student financial assistance? Yes ___ No ___

Did either one of the natural or adoptive parents of the student earn a baccalaureate degree? Yes ___ No ___

If prior to the age of 18 the student regularly resided and received support from only one parent, did that parent receive a baccalaureate degree? Yes ___ No ___

Does student have any documented disability? Yes ___ No ___

If yes, are they currently receiving services from HCC's Office for Students with Disabilities? Yes ___ No ___

Number of people living in your household? _____

What was your family's taxable income for last year? _____

Taxable income is not the same as gross or adjusted gross income. Look at the following line on your taxes for last year: Form 1040 - line 15

All of the information on this form is true and complete to the best of my knowledge.

Student's Signature

_____/_____/_____
Date