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

Anthony Sago (Director of TRIO Services) 815-599-3588
Brian Moore (Advisor) 815-599-3437
Liz Hamilton (Administrative Assistant) 815-599-3583

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.
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)

☐ American Indian/Alaskan Native     ☐ Black or African American
☐ Asian                               ☐ White
☐ Native Hawaiian or Other Pacific Islander ☐ 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
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 ___ 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