



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



*Success is only a signature away; sign up for Project Succeed today!*

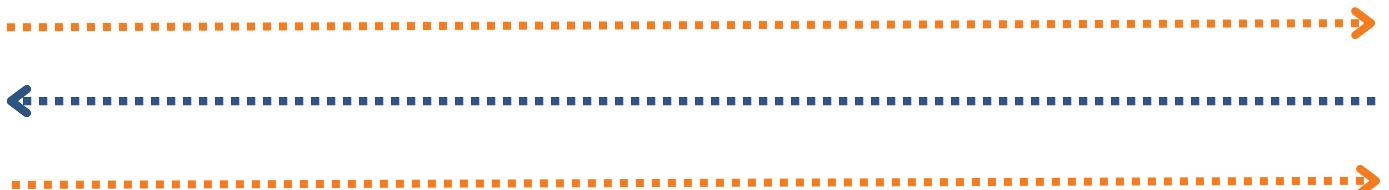
Anthony Sago (Director of TRIO Services) 815-599-3588

Brian Moore (Coordinator) 815-599-3437

Kerstin Curry (Advisor) 815-599-3532

Administrative Desk 815-599-3583

**Email: [projectsucceed@highland.edu](mailto:projectsucceed@highland.edu)**





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## 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

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## Project Succeed/TRIO Student Support Services Program Application

Name (Last, First, MI) \_\_\_\_\_ Student ID Number \_\_\_\_\_

Preferred Name \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

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

High School Graduation Year: \_\_\_\_\_

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**

**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**

**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