



**Cape Cod Community College**  
**ADVANTAGE (TRiO SSS) Application 2019**

Phone: 774-330-4321

Office: Maureen M. Wilkens Hall Room 221

The Advantage (Student Support Services) Program is a federally funded TRIO Program under the U.S. Department of Education established to aid students in graduating from college. Students participating in the program's activities must meet certain requirements set forth by the Department of Education. To determine your eligibility please fill out the following information as completely as you can. The information you provide is kept strictly **CONFIDENTIAL**.

Applicant Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ CCC Student ID# \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Do you have any Dependents/Children: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Are you homeless or in danger of becoming homeless? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you in foster care? Yes \_\_\_\_\_ No \_\_\_\_\_

Is English your second language? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is your first language? \_\_\_\_\_

**Ethnic Background: Check All that Apply**

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

Are you a U.S. Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Citizenship: U.S. Citizen \_\_\_\_\_ or Permanent Resident [Alien Registration #] \_\_\_\_\_

Did you graduate from high school? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of High School \_\_\_\_\_

Year of Graduation \_\_\_\_\_

**OR**

Do you have a GED or HISET Diploma? Year awarded \_\_\_\_\_

Do you plan to graduate with an Associate's degree from CCCC? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Will you be a full time student? (12 Credits/4 classes or more) Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Do you plan to transfer to a 4 year College or University? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

What will be your major? \_\_\_\_\_

Have you attended a College other than Cape Cod Community College? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of College? \_\_\_\_\_ # of credits completed \_\_\_\_\_

**Income verification**

I am (circle one) **Independent** **Dependent**

**You are automatically considered independent** if you are 24 or older. If you are under 24, you will be considered independent if you are:

- Married
- A student with legal dependents other than a spouse
- A veteran of U.S. Armed Forces
- An active duty member of the U.S. armed forces (not for training purposes)
- An orphan or ward of court
- A Parent

**If you are a dependent, please use the 2018 taxes on which you are listed as a dependent. If you are independent, please use your 2018 taxes.**

**2018 tax filing status (Circle one)**

Single      Married filing jointly      Head of household      Married filing separately

**2018 taxable income** \$ \_\_\_\_\_

(line 43 on form 1040 or line 6 on form 1040EZ)

**2018 family size** \_\_\_\_\_

Please include the person who filed taxes, their spouse if filing jointly, and all dependents included in the tax return.

**Parent/Legal Guardian Name (Please Print)** \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(needed only if student is a dependent)

Have you completed your FAFSA for 2019/2020? Yes \_\_\_\_\_ Have not yet applied \_\_\_\_\_

Has either parent or guardian graduated from college with a Bachelor's Degree or higher?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a documented learning or physical disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

If you have a documented disability, are you working with the O'Neill Center for Student Access and Support at CCCC?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you working with Mass Rehab? Yes \_\_\_\_\_ No \_\_\_\_\_

Please tell us why you wish to participate in The Advantage Program and how you think we can help you be successful at CCCC.

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How did you learn about the Advantage Program?

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Which of the following Advantage Program services would be of interest to you? Check all that apply

Advantage Program Services		Student Success Seminar Topics	
<input type="checkbox"/>	Academic Advising	<input type="checkbox"/>	Adjusting to college
<input type="checkbox"/>	Basic Skill Improvement (math, writing, reading, computer skills, etc.)	<input type="checkbox"/>	Learning style identification
<input type="checkbox"/>	Career Counseling/Advising	<input type="checkbox"/>	Life planning
<input type="checkbox"/>	Computer help	<input type="checkbox"/>	Nutrition/ personal health
<input type="checkbox"/>	Education Tools ( calculators, recorders, flash drives, reference books)	<input type="checkbox"/>	Stress management
<input type="checkbox"/>	Financial Aid planning/monitoring	<input type="checkbox"/>	Test anxiety
<input type="checkbox"/>	Financial Literacy	<input type="checkbox"/>	Test taking strategies
<input type="checkbox"/>	Transfer Planning	<input type="checkbox"/>	Time management
<input type="checkbox"/>	Visits to four year colleges	<input type="checkbox"/>	Using technology
<input type="checkbox"/>	Personal Advising	<input type="checkbox"/>	Note-taking & study skills
<input type="checkbox"/>	Scholarship information	<input type="checkbox"/>	Writing a research paper
<input type="checkbox"/>	Computer use/internet access	<input type="checkbox"/>	Resume writing
<input type="checkbox"/>	Tutoring	<input type="checkbox"/>	Library resources and use
<input type="checkbox"/>	Cultural Events/Community Service	<input type="checkbox"/>	Memory

I, \_\_\_\_\_, authorize Advantage (TRiO Student Support Services) Program to gather information concerning my academic progress (standardized test scores, grade point average, earned credit, transcripts, tutoring, etc.) financial aid status, and verification of documented disability prior to my participation in The Advantage Program. I understand that this information is used to help determine my eligibility for The Advantage Program and kept strictly confidential. I grant permission for Advantage Program staff to gather information for follow-up whenever appropriate, including, but not limited to transfer and progress to 4-year institutions. I am aware that my eligibility and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported.

I am also aware that personal information that is provided to Advantage (TRiO Student Support Services) will be protected under the Federal Educational Rights & Privacy Act (FERPA) of 1974. No one will have access to the information unless they work with or for SSS, or are specifically authorized by me to see the information.

**I am aware that I could be dismissed from the Advantage (TRiO SSS) Program for inappropriate behavior with staff, faculty, tutors, and/or other college personnel.**

**I am also aware that I could be dismissed from the Advantage (TRiO SSS) Program for lack of participation in program services.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return application to:**

CCCC, Advantage (TRiO) Program, 2240 Iyannough Rd, West Barnstable, MA 02668

**Or drop off in the Advantage Office, Maureen M. Wilkens Hall Room 221 or fax to: (508) 375-4119**

<u>For Office Use Only</u>		
Date Received _____	Date Approved _____	Date Denied _____
Reason for Denial _____		
Eligibility _____	Need _____	Cohort Year _____
<b>Eligibility</b>		
<ul style="list-style-type: none"> <li>1. Low income and first generation</li> <li>2. Low income</li> <li>3. First generation</li> <li>4. Documented disability</li> <li>5. Low income and documented disability</li> </ul>		
<b>Need</b>		
<ul style="list-style-type: none"> <li>1. Low high school grades</li> <li>2. Low admissions test scores</li> <li>3. No longer used</li> <li>4. No longer used</li> <li>5. Predictive indicator</li> <li>6. Academic proficient test</li> <li>7. Low college grades</li> </ul>	<ul style="list-style-type: none"> <li>8. High school equivalency</li> <li>9. Failing grades</li> <li>10. Out of the academic pipeline for 5+ years</li> <li>11. Other</li> <li>12. Limited English proficiency</li> <li>13. Lack of educational/career goals</li> <li>14. Lack of educational preparedness for college</li> </ul>	<ul style="list-style-type: none"> <li>15. Need for academic support to raise grades</li> <li>0. No response/unknown</li> </ul>