



State College of Florida (SCF) TRIO Student Support Services
New Student Application- Academic Year 2024-2025

Student Support Services (SSS) is a federally funded program that provides support to a limited number of SCF students with an academic need and who meet grant guidelines. Eligible students must meet one or more of the following criteria: low-income, first-generation, or students with a disability. Students who have a college degree or have more than 45 credits are not eligible. *Preference will be given to students with less than 30 credits and who meet more than one eligibility criteria.* Family/student information is kept confidential. Acceptance of this application does not guarantee acceptance into the program.

Personal Information	
First, Middle, Last Name:	SCF ID G00
Mailing Address:	Cell Number:
City/State/Zip:	Home Number:
Email Address:	Gender Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary/Undisclosed <input type="checkbox"/>
Select if applicable: Homeless <input type="checkbox"/> Foster Care <input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/>	Date of Birth:
U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> Resident Alien#	
Is English your first language? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what is your first language?	
Do you have an associate's degree or higher? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Program Eligibility	
Did either parent graduate with a four-year college degree or higher? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>If under 24 years old, your parent's taxable income</u> on the most recent tax return. \$ I attest that the information provided on this form is true. (found on line 15 of the 2023 1040 tax form) Parent Signature: _____ Date: _____	
<u>If 24 years old or older, your taxable income</u> on the most recent tax return. \$ (found on line 15 of the 2023 1040 tax form)	
Number of family members (household size):	
Do you have a documented disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, are you registered with the SCF Disability Resource Center? Yes <input type="checkbox"/> No <input type="checkbox"/>	
I attest that the information provided on this form is true. I will support TRIO SSS and participate in TRIO activities. I also give permission to SCF to use or publish photographs/video taken of me while participating in TRIO activities. Student Signature: _____ Date: _____ If under 18 years old: Parent/Guardian Signature: _____ Date: _____	
Other Information	
Have you participated in: College Reach-Out Program (CROP) Yes <input type="checkbox"/> No <input type="checkbox"/> or SCF Summer Bridge Program Yes <input type="checkbox"/> No <input type="checkbox"/>	
What degree/major/career are you pursuing?	
How did you hear about the TRIO SSS program? (continue on next page)	

Services Requested – Check All That Apply			
Academic Advisement <input type="checkbox"/>	Career Advisement <input type="checkbox"/>	Financial Aid Information/Assistance <input type="checkbox"/>	
Financial Literacy/Planning <input type="checkbox"/>	Mentoring <input type="checkbox"/>	Transfer Advisement <input type="checkbox"/>	Tutoring <input type="checkbox"/>
Other <input type="checkbox"/> Please describe:			



Questions?

**Contact: Dr. Kristen L. Anderson 941-752-5257 or AndersKL@scf.edu
SCF Bradenton Campus, Building 14, Suite 143**

or

www.SCF.edu/TRIO

**Please return form to:
Dr. Kristen L. Anderson
Attn: TRIO Student Support Services
State College of Florida
PO Box 1849
Bradenton FL 34206**