



STUDENT SUPPORT SERVICES

At ILLINOIS CENTRAL COLLEGE (ICC)

1 College Drive, Room 308B
East Peoria, Illinois 61635-0001
Phone: (309) 694-8944
Fax: (309) 694-8965

Instructions for completing this form:

- Please read the application carefully and print legibly. Use ink to complete all sections. DO NOT USE PENCIL!
You are required to take the ICC Academic Placement Tests. You should also apply for aid at the financial aid office.
Students cannot participate in program activities or services until all application materials are received and approved.
For help with the application, questions, or concerns, please contact the ICC TRiO SSS office.

Please complete all parts. The information you provide in this form will be held in the strictest of confidence.

I. DEMOGRAPHIC DATA

Name: Last First Middle
Address: Street
City State Zip Code
Email Address:
Preferred Phone Number: Home / Work / Cell
Alternate Phone Number: Home / Work / Cell
Age: Birth Date: Total Household Size:
Do you have a high school diploma or GED? Yes No
ICC Student ID Number:
Major: ICC GPA:
Are you a U.S. Citizen? Yes No
If not, are you a permanent resident of a U.S. territory, have you applied, or do you intend to apply for citizenship? Yes No
Social Security Number:
How do you identify your race? (Check all that apply)
Asian Native Hawaiian/other Pacific Islander Black
Native American/American Indian/Alaskan Native White
Other (Please write out your response)
Are you of Hispanic/Latino/Latina/Latinx ethnicity? Yes No
Biological sex: Male Female (Note: While the U.S. Department of Education requires that we ask this, we recognize that biological sex assigned at birth may or may not match gender identity.)
Gender identity: What are your pronouns?

II. FIRST GENERATION COLLEGE STUDENT

Have either of your parents/guardians received a bachelor's degree? Yes No

Signature:

III. INCOME ELIGIBILITY

If you and/or your parents/guardians filed an income tax form, a copy of that completed form must accompany this application form.

If you and/or your parents/guardians did not file an income tax form, parents/guardians should complete the following:

- I did not file a tax return for the following reason:
Received no taxable income
Taxable income received was less than the amount required for filing a tax return. Submit copies of W-2 forms (for year 20)
Other (Please write out your response)
Received non-taxable income from the following source(s):
Social Security Benefits
Disability Benefits
TANF Benefits
Food Stamps (AFDC)
ADC Benefits

Signature:

IV. DISABILITY STATUS AND DOCUMENTATION

Do you have physical disability? Yes ____ No ____

Do you have a learning disability? Yes ____ No ____

If you answered yes to either question, please provide the appropriate documentation. Contact Access Services at (309) 694-5749 for assistance.

Signature: _____

V. ASSESSMENT DATA

How did you hear about the ICC **TRiO** SSS Program?

- ICC **TRiO** SSS member(s): _____
- ICC faculty or staff: _____
- ICC office: _____
- TRiO** Talent Search / **TRiO** Upward Bound personnel
- High school counselor, faculty, or other staff
- Friend(s), family member(s), or word of mouth
- Community organization
- Other (Please write out your response) _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that any information I have provided is **true** and **correct** to the best of my knowledge.

I understand that the ICC **TRiO** SSS staff will use the information provided in this application form to assist in assessing my academic needs. I also recognize that all of the information provided in this application form will be kept confidential.

I do hereby consent to the release of the following information to the ICC **TRiO** SSS program:

1. Information from the ICC Financial Aid office concerning my application for a financial aid award.
2. Scores from the ICC Academic Placement Tests and all other academic records that may assist the ICC **TRiO** SSS staff in determining my needs and providing services.

Lastly, I also understand that the ICC **TRiO** SSS staff can assist me in achieving my goals **only** if I fulfill my commitments to the program. Failure to fulfill my commitments as needed can result in suspension or termination from the program.

Signature: _____ Print Name: _____ Date: _____

ICC **TRiO** SSS OFFICE USE ONLY

VI. INCOME VERIFICATION

The U.S. Department of Education's approved income limit for a family of ____ is _____.

The verified taxable income of this student's family is \$_____.

Therefore, the student is classified as:

- 1. First Generation/Low Income
- 2. Low Income
- 3. First Generation
- 4. Disability Only
- 5. Disability and Low Income

Have they applied for financial aid? Yes ____ No ____

Are they receiving financial aid? Yes ____ No ____

Are any special programs paying their tuition?
(For example: Peoria Promise, Workforce, etc.)
Yes ____ No ____

VII. ICC ACADEMIC PLACEMENT TESTS

Has this student taken the ICC Academic Placement Tests? Yes ____ No ____

Basic Skills Scores: _____
M R E

VIII. STAFF CONTACT AND CONFIRMATION

Who established contact with this student and when?
Name: _____ Date: ____/____/____

Please describe your interaction with this student:

Staff Signature **Date**

Program Director Signature **Date**

- Accepted**
- Denied**