EXCEL/Student Support Services . . . . . . . . . a TRiO Program

Applicants must complete the attached application and bring it to the initial interview along with the requested documentation indicated below. You will be asked to reschedule your appointment if you do not bring the information requested below.

1. **Parent’s Education:** Applicants must know the highest level of education achieved by their parent(s) and/or guardian(s) with whom they live(d).

2. **Disability:** You may qualify as a student with a disability if you choose to disclose this information. Documentation of your disability is not required by EXCEL/SSS, but must be on file in the Access Office.

3. **Financial Aid Data:** The Department of Education requires the following income documentation:

   • Dependent students (born after Jan. 1, 1991) must have their parents or guardian complete the information requested in # 4 a. b. c. and d. (parent or guardian signature) on page 3 of the attached application. Students younger than 24 years are generally dependent students. Acceptable documentation for a dependent student includes: a. verification of parent/guardian taxable income from a governmental source; b. a signed financial aid application (FAFSA); c. a signed United States or Puerto Rico income tax return for your parent/legal guardian; or d. a signed statement from your parent/guardian.

   • Independent students, (born before Jan. 1, 1991) who are 24 years or older or students younger than 24 who are married, veterans of the U.S. Armed Forces, have a legal dependent other than a spouse, or who are a ward of the court or an orphan, must complete # 5 a. b. c. and d. on page 3. Acceptable documentation is the same as above except that the student’s taxable income is required.
I. PERSONAL DATA:

Social Security Number ___________________________ Student ID Number _________________________

First Name ___________________________ MI _____ Last Name ___________________________

Address ______________________________________________________________________________

City ___________________________ State _____ Zip code __________________________

Home Phone _________________________       Cell Phone _________________________

Date of Birth _________________________       Gender: Male ☐       Female ☐

U.S. Citizen?  Yes ☐       No ☐       If No, Resident Alien Number: ___________________________

Ethnicity/Race (Mark all that apply):

☐ Hispanic or Latino       ☐ Black or African American
☐ American Indian or Alaskan Native       ☐ Native Hawaiian or Other Pacific Islander
☐ Asian       ☐ White

How did you find out about EXCEL/Student Support Services? ____________________________________

For Office Use Only

Eligibility (indicate only one):                   First Semester at MAC_________________________

☐ SWD       ☐ LI & FG
☐ SWD/LI       ☐ Li only
☐ FG only

Date of Interview ___________________________

Current Credit Hours Enrolled ______________________________

Primary Field of Study ______________________________

Academic Need (indicate all that apply):

☐ Academic Proficiency Tests
☐ Low Admission Test Scores
☐ Out of Academic Pipeline 5 or More Years
☐ High School Equivalency
☐ Failing Grades
☐ Low College Grades
☐ Predictive Indicators
☐ Limited English Proficiency
☐ Lack of Preparedness for College Level Course Work
☐ Lack of Educational and/or Career Goals
☐ Low High School Grades
☐ Need for Academic Support to Raise Grades(s) in Required Course(s)/Academic Major

College Grade Level at Entry to EXCEL:

☐ 1st yr, attended before
☐ 1st yr, never attended
☐ 2nd yr, Sophomore

Multiple Programs:

☐ Other TRiO Program
☐ Other Federally Funded Program

05/08/14
II. EDUCATIONAL DATA:

High School: _____________________ Year Diploma or GED received: __________
How many years has it been since you attended high school or college? ________
Area of Interest/Intended Major ________________________________
Have you attended other colleges?  Yes ☐  No ☐
Name of college(s): ___________________________________________________________________
 Degrees Completed ___________________________________________________________________

Are You: ☐ Currently enrolled at Mineral Area College ☐ Applied for admission

Ultimate Education Goal (check all that apply)
☐ Associate of Arts (AA) ☐ Associate of General Studies (AGS) ☐ Doctorate
☐ Associate of Science (AS) ☐ Bachelors (BS or BA) ☐ Post-Doctorate
☐ Associate of Applied Science (AAS) ☐ Masters (MA) ☐ Other
☐ Associate of Arts in Teaching (AAT)

III. ELIGIBILITY CRITERIA: *(Information in this section is held in strict confidence.)*

A. First Generation Status: What is the highest grade/level of education completed by your adoptive or natural supporting parent(s) and/or guardian(s)?

Father__________  Mother__________  Guardian__________

**B. Disabilities: *(Optional, used for eligibility purposes only. If a disability is indicated, confirmation will be requested from the Access Office Director.)*

1. Do you have any documented disabilities, including learning, physical, or mental, that would substantially limit your participation in college?  ☐ Yes  ☐ No
2. Did you receive services related to your disability in high school, or do you currently receive services from any agency?  ☐ Yes  ☐ No

If yes, from whom did/do you receive services and what services did/do you receive? ________

____________________________________________________________________________

C. Financial Aid Data *(signed Federal Tax Return, signed FAFSA, or other taxable income from another governmental source required for documentation)*

1. Have you applied for financial aid?  ☐ Yes  ☐ No
2. Have you been awarded financial aid at Mineral Area College?  ☐ Yes  ☐ No

What type? (e.g., Pell Grant, Scholarship, etc.)____________________________________

3. Answer the questions below to determine if you will need to provide your parents’ information.

- Were you born before January 1, 1991?  ☐ Yes  ☐ No
- Are you married? (Answer “Yes” if you are separated but not divorced)  ☐ Yes  ☐ No
- Are you currently serving on active duty in the U.S. armed forces or are you a veteran of the U.S. Armed Forces?  ☐ Yes  ☐ No
- Do you have a legal dependent other than a spouse?  ☐ Yes  ☐ No
- At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court?  ☐ Yes  ☐ No
4. If you answered ‘No’ to all of the above statements, your parents, or the person(s) with whom you primarily resided prior to your eighteenth birthday, must complete the information below and provide documentation as indicated previously.
   a. Current family size __________ b. Total 2013 taxable income $ __________
   c. Parent/Guardian Name __________________
      Please Print
   d. Signature _____________________________   Date: _____/_____/______
      Parent/Guardian

5. If you were born before January 1, 1991, or answered yes to any question in section C number 3 on page 2 please indicate your 2013 taxable income below:
   a. Family size _____ b. Total 2013 taxable income $ __________
   c. Source of income __________________ d. Student signature ______________________

Statement of Confidentiality

The personal and financial aid information you give to the EXCEL Director or Assistant Director is sent to the Department of Education. The information is protected by the Privacy Act. No one may see the information unless he or she works with, or for, the EXCEL Program, or is specifically authorized to see the information. In addition to the information you provide, the EXCEL Director or Assistant Director may request financial aid information from the Financial Aid Office. This information is necessary to determine if the applicant is eligible to participate in the program and qualifies for SSS Grant Aid; it also helps the federal government to measure your success. Please sign below if you give EXCEL permission to contact the Financial Aid Office regarding your financial aid information and to send your personal and financial aid information to the Department of Education.

CERTIFICATION

I hereby certify (1) that I have read the statement of Confidentiality and (2) that the information provided in this application is true and correct to the best of my knowledge.

Printed Name of Student                                           Signature                                   Date

Form Completed By: ____________________________________________

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Questions? Contact the EXCEL office at: EXCEL/Student Support Services
Mineral Area College
P.O. Box 1000 * Park Hills * MO * 63601-1000
(573) 518-2131

If you have special needs as addressed by the Americans with Disabilities Act and need this information provided in an alternative format, notify an EXCEL staff member immediately. Reasonable efforts will be made to accommodate your special needs.

Mineral Area College does not discriminate on the basis of race, color, national origin, gender, disability, age, religion, creed, or marital or parental status. For more information call the Title VI, Title IX, Section 504 and ADA Coordinator at 573-431-4593 or U.S. Department of Education, Office of Civil Rights.

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