



**Kansas City Kansas Community College
Student Support Services
Intake Form**



7250 State Avenue • Jewell Bldg./Upper Level Rm. 3379 • 913-288-7181 • TRIOsss@kckcc.edu

Name: _____ **KCKCC Student ID:** _____

Campus Address: _____
College Address (Where you will live while in college) (Please do not leave blank)

Cell Phone: _____ **Home Phone:** _____
Include Area Code Include Area Code

Permanent Address: _____
Street, City, State, Zip

Campus Email: _____ **Personal Email:** _____

Date of Birth: _____ Male Female **SSN#** _____

Marital Status: Single Married Divorced Separated Widowed

Ethnicity: The USDE requires institutions to collect data on race and ethnicity.
 Do you consider yourself Hispanic/Latino? Yes No (If yes please check Black/AA or White below)

Race (Select one or more races listed):

- | | | |
|---|--------------------------------|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African-American |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Other |

Date you will start or first started at KCKCC? _____

- Are you a U.S. Citizen? Yes No If No, are you a permanent resident? Yes No
- Have you participated in other federally funded or TRIO or EOP programs? Yes No If yes, name? _____
- Declared Major: _____ undecided
- KCKCC Classification: Freshman Sophomore
- If you are a transfer student, what school have you transferred from? _____
 How many hours are you transferring to KCKCC (if you know)? _____
- Do you plan to complete your degree at KCKCC? Yes No

For Office Use <input type="checkbox"/> Access <input type="checkbox"/> Email Group _____ HC Date

Eligibility

1. Did your mother receive a 4-year college degree? Yes No Did your father receive a 4-year college degree? Yes No
2. Will you be or are you currently receiving financial aid through the KCKCC Financial Aid Office? Yes No
If NO, why? Not eligible Have not applied but will apply for this year financial reasons academic reasons
 other (please explain) _____

3. Would you benefit from services due to a documented disability? Yes No
If Yes, will you or have you filed for services with KCKCC's Student Accessibility & Support Services? Yes No

4. Father's Occupation: _____
(Your own if self-supporting)

Mother's Occupation: _____
(Your spouse's if self-supporting and married)

Size of Family (all members **supported** by family unit) _____

5. Taxable Income – Please check the corresponding box for your **TAXABLE INCOME** (not total gross income or adjusted gross income) to the best of your knowledge. If you don't know, leave blank.
Note: Taxable income can be found on the federal income tax return (IRS Forms 1040-line 43, 1040A-line 27, 1040EZ-line 6).
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$18,210 | <input type="checkbox"/> \$31,171 - \$37,650 | <input type="checkbox"/> \$50,611 - \$57,090 |
| <input type="checkbox"/> \$18,211 - \$24,690 | <input type="checkbox"/> \$37,651 - \$44,130 | <input type="checkbox"/> \$57,091 - \$63,570 |
| <input type="checkbox"/> \$24,691 - \$31,170 | <input type="checkbox"/> \$44,131 - \$50,610 | |

Statement of Verification

To the best of my knowledge, all information provided on this application is true and complete.

Statement of Agreement and Consent

I authorize the TRIO Student Support Services to gather my ACT scores, placement test results, financial aid reports, transcripts and other necessary information in order to provide the services I have requested, and to make reports to the U.S. Department of Education for the re-funding of this program. I also authorize the TRIO SSS to obtain periodic reports from my instructors regarding my academic progress for courses in which I am enrolled. I understand that all information will be kept confidential and will be used for the following specified purposes:

- | | |
|--|----------------------------------|
| a. student demographic data and record keeping | d. federal reporting |
| b. program evaluation | e. other administrative purposes |
| c. needs assessment | |

I grant permission to use photographs, quotes, academic accomplishments, statements and/or print my first and last name in any and/or all publications for TRIO Student Support Services.

I have read and agree with the Statement of Verification and the Statement of Agreement and Consent.

Student Signature

Date

Please return this form by mail to:

TRIO Student Support Services
Kansas City Kansas Community College
7250 State Avenue
Kansas City, KS 66122

or hand deliver to: TRIO SSS Staff
Jewell Building - Upper Level
Room 3379
or email to: Marquida Johnson, Program Secretary
majohnson@kckcc.edu

or fax to: (913) 288-7606