Bay College TRIO-SSS Participant Application

Contact Information
Bay ID:
First Name:
Last Name:
Preferred Pronouns
  □ She/Her
  □ He/Him
  □ They/Them
  □ Other ______________________________
Preferred Cell Phone Number:
May we text you at your preferred phone number?
  □ Yes
  □ No

Academic Interests:
Current Major:
Career Interests:
Do you plan on transferring from Bay?
  □ Yes
  □ No
  □ Unsure
If yes, what school/s are you interested in transferring to?
Have either of your parents/guardians received a Bachelor’s degree?
  □ Yes
  □ No

Main Reason for Applying for TRIO-SSS:
Support Services of Interest

**Tutoring**
- Math
- English/Gen Ed
- Science/Business/Occupational Courses

**Study Skills Coaching**
- Test-Taking
- Time Management
- Note-taking
- Stress Management
- Goal-Setting
- Concentration
- Memory Strategies
- Reading Strategies

**Academic Planning and Assistance**
- Choosing the right courses
- Unsure of goals/major
- Developing both short-term and long-term academic plans
- Connecting with instructors/support staff

**Financial and Economic Opportunities**
- Grant Aid (monetary grant for specifically TRIO students; does not need to be repaid)
- Personal Budgeting
- Understanding Credit
- Assistance in Applying for and Understanding Financial Aid
- Scholarship Information and Assistance (searching and applying)
- On-campus Employment

**Transfer**
- Choosing the right courses
- Free visits to 4-year schools
- Choosing and applying to a 4-year major/school
- Connecting with a 4-year advisor/support staff
- Applying for transfer scholarships, etc.

**Cultural Activities/Trips**
- Free trips to Metropolitan areas (Chicago, Milwaukee, etc.)
- Local and regional Cultural Opportunities (e.g. museums, theater, etc.)
- College visits
Career Exploration

☐ Personal Career Assessments and Exploration Activities (to help you find a career you’re confident about)
☐ Job Shadowing
☐ Internships
☐ Networking (with community change-makers and people in your chosen academic field)

Workforce Assistance

☐ Job Search Assistance
☐ Resume and Application Assistance
☐ Job Interview Skills/Practice
☐ Portfolio Creation

Leadership/Involvement

☐ Peer Mentoring
☐ Peer Tutoring
☐ TRIO Club
☐ Volunteer experience
☐ Social Activities

Social/Emotional

☐ Having a trusted mentor
☐ Becoming comfortable with change
☐ Confidence when connecting with peers
☐ Confidence when connecting with authority figures

Personal Support

☐ Housing
☐ Food Insecurity
☐ Family/Medical Issues
☐ Personal Counseling
☐ Transportation
☐ Childcare

Other

Please list any other ways you feel TRIO could assist and/or support you in reaching your goals:
Participant Agreement, Release of Information, & Affidavit of Truth Statement

I understand that applying to Bay College TRIO Student Support Services (SSS) does not guarantee acceptance into the program. I may be fully accepted, provisionally accepted, or denied based on the need for services, academic record, academic preparedness and progress, credit hours, financial aid status, and level of engagement.

Students on Financial Aid Warning, Approved Appeal, or on Academic Probation may be provisionally accepted until they are meeting Satisfactory Academic Progress.

I understand that if I do not meet the expectations and academic goals, I may be ineligible for the Bay College TRIO-SSS program.

I am committed to my education, academic goals, and completion of my certificate and/or degree. I need to be fully engaged and strive for classroom attendance and participation. I will meet the program expectations within my four years of eligibility, including meeting with a staff member at least 1 time per semester.

☐ I hereby authorize the Bay College TRIO SSS program staff to gather information about my academic progress (instructor and staff communications, placement test scores, GPA, earned credits, transcripts, tutoring sessions, etc.) and financial aid status prior to acceptance and during the program including, but not limited to, transfer to a four-year institution.

☐ To the best of my knowledge, the information provided in this form, and any other supporting documentation, is true. I understand that this authorization is valid for the duration of my enrollment as well as five (5) years after I cease to be enrolled as a student.

Name:
Date:
Signature:

*Upon completion of this form, the Bay College TRIO-SSS Program will contact you within 1 business day to set up an appointment with a staff member.*