



**TRiO/STUDENT SUPPORT SERVICES**  
**APPLICATION FORM**  
 2101 Trinity Road, Duluth, MN 55811

Office Use Only	
<input type="checkbox"/>	LI/FG
<input type="checkbox"/>	LI
<input type="checkbox"/>	FG
<input type="checkbox"/>	D
<input type="checkbox"/>	D/LI

Lake Superior College's SSS Program is a **TRiO** program funded through the United States Department of Education

Date: \_\_\_/\_\_\_/\_\_\_ Student ID: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female \_\_\_

Name: \_\_\_\_\_ Contact phone #: (\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Predominant Ethnic Background(check one):**

- American Indian or Alaskan Native
- African-American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander

- White (Caucasian)
- Asian
- Other

**Citizenship(check one):**

- United States Citizen
- Permanent Resident
- Refugee
- Other

Please check the highest level of education **COMPLETED** by the parent(s) you grew up with.

	<u>Grade</u> <u>School</u>	<u>High</u> <u>School</u>	<u>2-Year</u> <u>College</u>	<u>4-Year</u> <u>College</u>	<u>Beyond</u> <u>4-Year</u>
<i>Mother</i>	_____	_____	_____	_____	_____
<i>Father</i>	_____	_____	_____	_____	_____

Do you have a documented disability? Yes \_\_\_ No \_\_\_

Did you apply for financial aid for the current school year? Yes \_\_\_ No \_\_\_

Educational Goals: Do you plan to transfer to a 4 year school college? Yes \_\_\_ No \_\_\_

Have you previously attended Lake Superior College? Yes \_\_\_ No \_\_\_

Academic Program: \_\_\_\_\_ (AA, AAS, Technical Program)

*Release of Information*

I certify that the information I have provided on this application is, to the best of my knowledge, complete and correct. Furthermore, I understand that by applying for the Student Support Services Program, I authorize Student Support Services Program staff to obtain records or data pertinent to my participation from other sources, and to release information, as required by law of the terms of the Student Support Services grant, to the grant-funding agency of the United States Government.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

*Filling out this application doesn't automatically guarantee program acceptance.*