

TRIO College Success Program Application for 2025-2026

General Information

Name: _____
Last First M.I.

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female Student ID Number: _____
(month/day/year)

Email Address: _____ Cell/Current Phone Number: _____

Current Mailing Address: _____
Street Address City State Zip

Are you a United States citizen? ☐ Yes ☐ No If not a citizen, are you a permanent resident? ☐ Yes ☐ No

Ethnicity: ☐ Asian ☐ Hispanic or Latino ☐ American Indian or Alaskan Native
☐ White ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander

Educational Data

Do you hold a high school diploma? ☐ Yes ☐ No Date diploma earned: _____

Do you hold a GED certificate? ☐ Yes ☐ No Date GED certificate earned: _____

High School or College GPA: _____

If NOT yet completed: Please request a copy of your high school diploma or GED be sent to the Northeast Admissions and Registration Office

(Office) 402-844-7260

(Fax) 402-844-7396

admreg@northeast.edu

Program of Study/Major: _____ Career Goal: _____

Do you plan to transfer to a 4-year school to complete a bachelor's degree? ☐ Yes ☐ No

Have either of your parents received a 4-year degree from a college or university? ☐ Yes ☐ No

Are you a transfer student? ☐ Yes ☐ No If yes, which college did you transfer from? _____

Medical Data

Do you have a documented physical, mental, learning, or emotional disability? ☐ Yes ☐ No

Have you completed a Northeast Disability Services Request for Accommodations form? ☐ Yes ☐ No

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Income Eligibility

Student Status: Answer the following questions regarding **Dependent** or **Independent** Status

- | | | |
|--|------------------------------|-----------------------------|
| ★ Were you born before January 1 st , 2001? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ★ Are you a veteran of the US Armed Forces or Coast Guard? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ★ Are you married? (answer YES, if you are separated but not yet divorced) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ★ Are you, or prior to age 13, were you a ward of the court or an orphan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ★ Do you have legal dependents (other than a spouse) who receive more than half of their support from you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ★ Have been approved for Independent status by a financial aid administrator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* If you checked “YES” to **one or more** of the boxes above, complete the following information in **Section A. INDEPENDENT STUDENT**

* If you checked “NO” to **ALL** of the boxes above, complete the following information in **Section B. DEPENDENT STUDENT**

Note: Only fill out one of the sections below.

Section A. INDEPENDENT STUDENT:

* # of people in your household (including yourself):

* **Check ONE of the boxes below** that matches your actual or estimated Taxable Income from 2023 tax return (IRS Form: 1040 line 15)

☐ Did NOT file taxes

- ☐ below \$23,475
- ☐ \$23,475 - \$31,725
- ☐ \$31,725 - \$39,975
- ☐ \$39,975 - \$48,225
- ☐ \$48,225 - \$56,475
- ☐ \$56,475 - \$64,725
- ☐ \$64,725 - \$72,975
- ☐ \$72,975 - \$81,225
- ☐ \$81,225 and above

Student Signature

Date

SECTION B. DEPENDENT STUDENT:

of people in parent's house (including yourself):

* **Check ONE of the boxes below** that matches your actual or estimated Taxable Income from 2023 tax return (IRS Form: 1040 line 15)

☐ Did NOT file taxes

- ☐ below \$23,475
- ☐ \$23,475 - \$31,725
- ☐ \$31,725 - \$39,975
- ☐ \$39,975 - \$48,225
- ☐ \$48,225 - \$56,475
- ☐ \$56,475 - \$64,725
- ☐ \$64,725 - \$72,975
- ☐ \$72,975 - \$81,225
- ☐ \$81,225 and above

Parent Signature

Date

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Release of Information

Please initial prior to each statement to demonstrate your understanding and agreement:

- _____ I understand the information on the TRIO-CSP application and in my TRIO-CSP file, excluding any clinical mental health and disabilities accommodation information, may be provided to Northeast Community College staff on a need to know basis.
- _____ I grant the Northeast Community College Disability Services Office permission to provide acknowledgment of my documented disability (if applicable), in order to verify my qualification for the TRIO-CSP program.
- _____ I understand that once I become a TRIO-CSP program participant, my student progress and program eligibility information will be reported to the U. S. Department of Education to demonstrate program effectiveness, which will be used by the Department of Education when determining renewed funding.
- _____ I certify that all information provided in this application is correct to the best of my knowledge.

This release is valid until I am no longer a member of the TRIO-CSP program at Northeast Community College.

Student Name (Please Print)

Student Signature

Date

-Mail this completed TRIO-CSP application to:

***TRIO-CSP Director
Northeast Community College
PO Box 469
Norfolk, NE 68702-0469***

-You may also scan this completed document and email it to trio@northeast.edu

-Or, you may drop off the application at the College Welcome Center TRIO Office - room 1284.

For questions, please call 402-844-7738 or email trio@northeast.edu