

BBS APPLICATION

2017-2018 Cohort





BBS is a TRIO Student Support Services program funded by the Department of Education. Its purpose is to assist students who are first generation college students, meet federal low-income guidelines, and/or have disabilities stay in school, graduate, and transfer.

This application is part of a process to collect data and assess information from students who apply to join BBS. Participants must meet requirements set forth by the Department of Education and the BBS program to be eligible. Turn in this completed application to room R-286. You will be contacted about your status. If you qualify, you must meet with BBS staff for an orientation and complete additional paperwork before you are officially a member of BBS. Incomplete applications will not be considered.

	Did You In	clude?	
☐ Copy of your Student or other photo ☐ Signed copy of your 2016 or 2017 Inc☐ If you are less than 24, unmarried, a Tax Form 1040, 1040A, or 1040EZ (not only 1040A).	come Tax Form nd no children,	1040, 1040A, or 1040EZ (not W2 forms) signed copy of your parents' 2016 or 201	7 Income
	Personal Inf	formation	
Name	/ First Name	Middle Name	
Other Names		Midule Name	
SS#	_	Student ID	
Address			
City	State	Zip	
Cell Phone	Email	Address	
Date of Birth (Month/Day/Year)			
Gender ☐ Male ☐ Female			
Citizenship ☐ USA ☐ Other (Subr	mit copy of Re	sident Alien card or Visa with this appli	cation)
Ethnicity/Race (check ALL that apply	y)		
☐ American Indian/Alaskan Native	☐ Asian	☐ Black or African American	
☐ Hispanic or Latino	☐ White	☐ Native Hawaiian/other Pacific Island	
Optional – Disabilities Disclosure			
Do you have a documented disability? If yes, what type of disability do you have a second of the se	ave?		
Is this on file with the Office of Special	Services in the	e Counceling Center? Yes Mo	

Educational Information

Your Educational Level				
GED ☐ Yes ☐ No If yes, year earned State				
High School graduation ☐ Yes ☐ No If yes, year earned				
Other Colleges attended				
Degrees and Certificates earned				
Your Major				
Educational Goal at Galveston College (may be more than one)				
☐ Certificate ☐ Associate Degree ☐ Undecided ☐ Transfer to 4-Year University (Where?)				
Language				
Do you have difficulty speaking or understanding English? \square Yes \square No				
Parental Information				
Highest level of education attained by <u>BOTH</u> of your parents (must answer for both)				
Mother Father □ Not a High School Graduate □ Not a High School Graduate □ GED or High School Graduate □ GED or High School Graduate □ Some College or Associates Degree □ Some College or Associates Degree □ Bachelors Degree or higher □ Bachelors Degree or higher □ Unknown □ Unknown				
Financial Information				
Income eligibility is based on your and/or your family's Annual Taxable Income.				
Have you applied for financial assistance? (FAFSA or Pell Grant)				
Are you eligible to receive a Pell Grant? ☐ Yes ☐ No				
If <u>not</u> , please explain:				
Questionnaire				
How did you learn about BBS?				
Have you participated in another TRIO program? If so, which program and where? (SSS, UB,				
VUB, TS, EOC)				

➤I certify that the information provide	d on this application is true and complete to the	e best of my knowledge.		
➤I give permission to the BBS staff to access my academic, financial, and disabilities information to verify my eligibility for Building Bridges to Success. I understand that this information will be kept confidential and will be used for the program's purposes.				
	Student Signature	Date		