



Student Support Services (SSS) Application



DEMOGRAPHIC INFORMATION

Name:		DOB: / /	
GCSC ID (A#):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Address:			
City:		State:	Zip:
Cell:		Can we text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other phone:
GCSC Email:		@my.gulfcoast.edu	
Ethnicity: (indicate all that apply)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African-American	
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White	
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
	<input type="checkbox"/> Two or more races, Non-Hispanic	<input type="checkbox"/> Race or Ethnicity Unknown	

ELIGIBILITY

Are you a citizen or national of the United States *or* do you meet the residency requirements for Federal student financial assistance? ☐ Yes ☐ No *(If you're unsure, please consult with an SSS Staff member.)*

Prior to 18, which parent(s) did you live with & receive support? ☐ Neither ☐ Mother ☐ Father ☐ Both

Does either parent have a baccalaureate (4-year) degree? ☐ Neither ☐ Mother ☐ Father ☐ Both

Do you have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you registered with GCSC's SAR Office? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Is English your first language? ☐ Yes ☐ No—if not, what is your native language? _____

Number of people in your household (i.e., what is the size of your family unit)? _____

What is your family's taxable (not total) income from the last calendar year? (Please mark one response)
Note: taxable income (Adjusted Gross Income) can be found on the federal income tax return (IRS Form 1040, line 11; on IRS Form 1040A, line 11; IRS Form 1040EZ, line 11). Effective [January 15, 2025](#) until further notice:

☐ \$23,475 or less ☐ \$23,476-\$31,725 ☐ \$31,726-\$39,975 ☐ \$39,976-\$48,225
☐ \$48,226-\$56,475 ☐ \$56,476-\$64,725 ☐ \$64,726-\$72,975 ☐ \$72,976-\$81,225 ☐ \$81,226 or more

Do you qualify for the Pell Grant (which requires a FAFSA)? ☐ Yes ☐ No ☐ Don't know or Haven't applied

EDUCATION & WORK STATUS

High School/GED Graduation Month & Year: /	High School Attended:
Current GCSC Grade Level: <input type="checkbox"/> Freshman (0-30 credit hours)	<input type="checkbox"/> Sophomore (31-60 credit hours)
GCSC Major / Program of Study:	
Have you attended another college or University? <input type="checkbox"/> Yes—What college? _____	<input type="checkbox"/> No
Do you already have a Bachelor's (i.e., four-year) degree? <input type="checkbox"/> Yes—Major? _____	<input type="checkbox"/> No
Do you plan to transfer to a 4-year college: <input type="checkbox"/> Yes—What college? _____	<input type="checkbox"/> No
Do you work? <input type="checkbox"/> Yes, approximately _____ hours a week at _____	<input type="checkbox"/> No
Have you ever participated in a TRiO program? <input type="checkbox"/> Yes—Name & Location of program: _____	<input type="checkbox"/> No
How did you hear about TRiO/SSS?	
How can TRiO/SSS help you this semester?	

ACKNOWLEDGMENTS (Please read and initial each statement with the 1st letters of your first & last name)

Disclosure of Information Protected by the Family Educational Rights & Privacy Act (FERPA) and the Higher Education Act (HEA) by GCSC to TRiO's SSS project: In compliance with the HEA (including but not limited to Sections 483 & 494) and pursuant to FERPA ([20 U.S.C. § 1232g](#); [34 C.F.R. part 99](#)), the written consent of a parent or eligible student is required before the education records of a student, or personally identifiable information contained therein, may be disclosed to a third party, unless an exception to this general requirement of written consent applies. If a student is age 18 years or older, or is enrolled in an institution of postsecondary education, he or she is an "eligible student" and must provide written consent for the disclosure of his or her education records or personally identifiable information contained therein.

I hereby agree to allow GCSC to disclose grades, transcript data, class schedules, test scores, graduation progress, financial aid information, FAFSA data, admissions information, and postsecondary enrollment status to TRiO's SSS project so they can provide me with Academic tutoring, Advice & assistance in postsecondary course selection, Information on both the full range of Federal student financial aid programs/benefits (including Federal Pell Grant awards or loan forgiveness) & resources for locating public or private scholarships, Education or counseling services designed to improve my financial & economic literacy (including financial planning for postsecondary education), and Activities designed to assist me with applying for admission to, & obtaining financial assistance for enrollment in, a four-year program of postsecondary education (e.g., assistance with admissions processes & the application, award, or administration of federal student aid). SSS staff may also access and use my GCSC education & financial aid records to complete mandatory federal TRiO Annual Performance Reporting, as required by Title IV of the HEA. *I understand that I may withdraw my written consent to disclose this information at any time by submitting a letter to TRiO@gulfcoast.edu in writing and signed.*

I have "[a need for academic support \[...\] in order to pursue successfully a postsecondary educational program.](#)"

I certify that the information provided on this application is true and complete to the best of my knowledge.

Participant's Signature: _____ **Date:** ____ / ____ / ____

Parental signature is also required if under 24 years of age and not otherwise independent on the FAFSA.

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____

Gulf Coast State College does not discriminate against any person in its programs, activities, policies or procedures on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, sex, pregnancy, sexual orientation, gender identity, genetic information, disability, or veteran status. All questions or inquiries regarding compliance with laws relating to non-discrimination and all complaints regarding sexual misconduct or discrimination, may be directed to the Executive Director of Human Resources, Gulf Coast State College, 5230 W. US Highway 98, Panama City, FL 32401; (850) 872-3866; <https://gulfcoast.edu/equity>

OFFICE USE ONLY

Institution Entry Date: ____ / ____ / ____		Entered into BLUMEN: ____ / ____ / ____	
34 CFR 646.3(d) Eligibility: <input type="checkbox"/> FG <input type="checkbox"/> LI <input type="checkbox"/> SAR <input type="checkbox"/> "Underserved"			
PERT Score(s):		Academic Standing:	
Decision: <input type="checkbox"/> Admitted <input type="checkbox"/> Waitlisted <input type="checkbox"/> Ineligible		<input type="checkbox"/> Notified of decision via Email & Phone	
Program Entry Level: <input type="checkbox"/> 1st-Year, 'FTIC' <input type="checkbox"/> 1st-Year, Attended Before <input type="checkbox"/> 2nd-year/Sophomore <input type="checkbox"/> Other:			
Enrollment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> ¾-time <input type="checkbox"/> ½-time <input type="checkbox"/> Less-than-½-time			GCSC GPA:
34 CFR 646.3(c) Eligibility: <input type="checkbox"/> Academic proficient test <input type="checkbox"/> Lack of academic preparedness <input type="checkbox"/> Failing grades <input type="checkbox"/> Lack of goals <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Low admission test scores <input type="checkbox"/> Low college grades <input type="checkbox"/> GED <input type="checkbox"/> Low high school grades <input type="checkbox"/> Need for academic support <input type="checkbox"/> Out of school for ≥5 years <input type="checkbox"/> Other			
Scanned / Uploaded into BLUMEN (i.e., Wallet):		<input type="checkbox"/> Application <input type="checkbox"/> Advisor/Student Contract <input type="checkbox"/> Financial Aid Summary <input type="checkbox"/> Class Schedule <input type="checkbox"/> Agreement & Release <input type="checkbox"/> Transcript(s) <input type="checkbox"/> SAR Verification, if necessary <input type="checkbox"/> Canvas group enrollment	
Notes:			
SSS Staff Signature:		Date: ____ / ____ / ____	