



Student Support Services FY25 Application



DEMOGRAPHIC INFORMATION		
Name:		DOB:
GCSC ID (A#):		Gender:
Address:		
City:	State:	Zip:
Cell:	Can we text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other phone:
GCSC Email:		@my.gulfcoast.edu
Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African-American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Middle Eastern / North African <input type="checkbox"/> Pacific Islander / Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer		
ELIGIBILITY INFORMATION		
Are you a citizen or national of the United States <i>or</i> do you meet the residency requirements for Federal student financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If you're unsure, please consult with an SSS staff member)</i>		
Prior to 18, which parent(s) did you live with & receive support? <input type="checkbox"/> Neither <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both		
Does either parent have a baccalaureate (4-year) degree? <input type="checkbox"/> Neither <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No—My native language is:		
Including yourself, what is the size of your family unit (i.e., How many people reside in your "household")?		
What was your family's taxable (not total) income from the preceding year? (Please only 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: <input type="checkbox"/> \$23,475 or less <input type="checkbox"/> \$23,476-\$31,725 <input type="checkbox"/> \$31,726-\$39,975 <input type="checkbox"/> \$39,976-\$48,225 <input type="checkbox"/> \$48,226-\$56,475 <input type="checkbox"/> \$56,476-\$64,725 <input type="checkbox"/> \$64,726-\$72,975 <input type="checkbox"/> \$72,976-\$81,225 <input type="checkbox"/> \$81,226 or more		
Do you qualify for the Pell Grant (which requires a FAFSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know or Haven't applied		
EDUCATION & WORK INFORMATION		
High School/GED Grad Month & Year: /		High School(s) Attended:
Current GCSC Grade Level: <input type="checkbox"/> Freshman (0-30 credit hours) <input type="checkbox"/> Sophomore (31-60 credit hours) <input type="checkbox"/> Other		
GCSC Major / Program-of-Study:		
Have you attended another college or university? <input type="checkbox"/> Yes—What school?		<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
Are you planning on transferring to a 4-year institution: <input type="checkbox"/> Yes—Which?		<input type="checkbox"/> No
Do you work? <input type="checkbox"/> Yes, approximately _____ hours per week at:		<input type="checkbox"/> No
Have you ever participated in a TRiO program? <input type="checkbox"/> Yes—Name & Location:		<input type="checkbox"/> No
How did you hear about TRiO/SSS?		
How can TRiO/SSS help you succeed?		

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, admissions information, and postsecondary enrollment status to TRiO's SSS project so they can provide me with [34 CFR 646.4](#) services such as Academic tutoring; Advice & assistance in postsecondary course selection; Information on both the full range of student financial aid programs & resources for locating public or private scholarships; Education or counseling services designed to improve my financial & economic literacy; and Activities designed to assist me with applying for admission to & obtaining financial assistance for enrollment in a four-year program of postsecondary education. SSS staff may also access and use my GCSC educational records to complete mandatory federal 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 applicant is under 24 years of age and not otherwise independent on their 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>

STAFF/OFFICE USE ONLY

Institution Entry Term/Date: _____		Entered into BLUMEN on: ____ / ____ / ____	
34 CFR 646.3(c) Academic Need:	<input type="checkbox"/> Excessive Withdrawals <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> High School Performance	<input type="checkbox"/> Academically Unprepared <input type="checkbox"/> Test Scores (e.g., CLT, PERT) <input type="checkbox"/> Returning After ≥5 Years	<input type="checkbox"/> Grades / GPA <input type="checkbox"/> Title IV S.A.P. <input type="checkbox"/> Other: <input type="checkbox"/> Lack of goals <input type="checkbox"/> HS Equival.
34 CFR 646.3(d) Eligibility:		<input type="checkbox"/> First-Generation	<input type="checkbox"/> Low-Income <input type="checkbox"/> S.A.R.
PERT Score(s): _____		Academic Standing: _____	SAI: _____
Decision:		<input type="checkbox"/> Notified of decision via Email & Phone	
<input type="checkbox"/> Admitted		<input type="checkbox"/> Waitlisted	<input type="checkbox"/> Ineligible
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			GPA: _____
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 (e.g., ranking calculation, academic support determination, low-income determination, etc.): _____ _____			
SSS Staff Signature: _____		Date: ____ / ____ / ____	