### EXCEL / Student Support Services – a TRiO Program

Applicants must complete the attached application and bring it to the initial interview, along with the requested documentation indicated in the application.

There are three ways to qualify for EXCEL (you only need to meet one requirement):

- 1) Neither parent has a bachelor's degree; or
- 2) Family is of limited income (usually meaning student has a Pell Grant); or
- 3) Student has a disability documented in the ACCESS office at MAC, room AS117

## Most Mineral Area College students – perhaps as high as 90% – are eligible for EXCEL services under one of the three criteria above.

Please read the application carefully, complete it fully, gather documentation, and return to the EXCEL office in Room C-3 in the Arts and Sciences Building **on the date your interview is scheduled.** 

### We very much look forward to working with you!



# EXCEL / SSS 2019-2020 Application

### I. PERSONAL DATA:

Social Security Number:	Social Security Number: Student ID Number:						
First Name		MI Las	st Name				
Address							
City	Sta	ateZ	Zip Code				
Home Phone	Cell P	hone					
Date of Birth	Gender:  □ Male  □ Female Emailstu@mineralarea						
U.S. Citizen?  Ves  No	.S. Citizen?  Ves  No If No, Resident Alien Number:						
Ethnicity/Race (Mark all that a	pply):						
<ul> <li>Hispanic or Latino</li> <li>American Indian or Alaskan</li> <li>Asian</li> </ul>	Native		<ul> <li>Black or African American</li> <li>Native Hawaiian or Other Pacific Islander</li> <li>White</li> </ul>				
How did you find out about EX	CEL/Student Supp	ort Services?					
. EDUCATIONAL DATA:							
High School:		Ye	_ Year Diploma or GED received:				
How many years has it been s	since you attended h	nigh school o	r college?				
Area of Interest/Intended Majo	or						
Have you attended other colle	ges? 🗆 Yes 🛛 N	o If so, nan	ne of college(s):				
Degrees Completed							
Are You:  Currently enrolled							
Immediate and Long-term Edu		U					
<ul> <li>Associate of Arts (AA)</li> <li>Associate of Science (AS)</li> <li>Associate of Applied Scienc</li> <li>Associate of Arts in Teachin</li> </ul>	□ Bach e (AAS) □ Mast	ociate of Gen nelors (BS or ters (MA)	eral Studies (AG BA)	SS)   Doctorate  Post-Doctorate  Other			
III. ELIGIBILITY CRITERIA: (Info	rmation in this section	on is held in s	strict confidence	e.)			
A. First Generation Status: (biological/adoptive) and		t grade/level	of education cor	mpleted by your parents			

Father\_\_\_\_\_ Mother\_\_\_\_\_ Guardian\_\_\_\_\_

- \*\*B. Disabilities: (Optional, used for eligibility purposes only. If a disability is indicated, confirmation will be requested from the Access Office Director.)
  - 1. Do you have any documented disabilities, including learning, physical, or mental, that would substantially limit your participation in college? 
    Q Yes Q No
  - 2. Did you receive services related to your disability in high school, or do you currently receive services from any agency? 

    Yes
    No

If yes, from whom did/do you receive services and what services did/do you receive? \_\_\_\_\_

- C. Financial Aid Data (signed Federal Tax Return, signed FAFSA, or other taxable income from another governmental source required for documentation)
  - 1. Have you applied for financial aid? 
    Ves No
  - 2. Have you been awarded financial aid at Mineral Area College? □ Yes □ No If so, what type? (e.g., Pell Grant, Scholarship, etc.) \_\_\_\_\_

If you have a Pell Grant, skip question 3; if not, complete question 3.

- 3. Answer the questions below to determine if you will need to provide your parents' information.
  - Were you born before January 1, 1996? □ Yes □ No
  - Are you married? (Answer "Yes" if you are separated but not divorced.) 
    Yes No
  - Are you currently on active duty or a veteran in the U.S. Armed Forces? 
    Ves
    No
  - Do you have a legal dependent other than a spouse? 
    Ves
    No
  - At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court? □ Yes □ No
  - A. If you answered 'No' to every question in number 3, your parents, or the person(s) with whom you primarily resided prior to your eighteenth birthday, must complete the information below and provide documentation, such as Federal Tax Return, signed FAFSA, or other taxable income from another government source.

Current family size	_ Total 2018 <u>taxable income</u> \$
Parent/Guardian Name	
	Please Print
Signature	Date://
Parent/	Guardian
	1, 1996, <b>or</b> if you answered <b>yes</b> to any question in numbe

B. If you were born before January 1, 1996, or if you answered yes to any question in number 3, please indicate your 2018 <u>taxable income</u> below and provide documentation such as Federal Tax Return, signed FAFSA, or other taxable income from another governmental source.

Current family size \_\_\_\_\_ Total 2018 taxable income \$\_\_\_\_\_

Source of income \_\_\_\_\_\_ Student signature \_\_\_\_\_

#### Statement of Confidentiality

The personal and financial aid information you give to the EXCEL Director or Assistant Director is sent to the Department of Education. The information is protected by the Privacy Act. No one may see the information unless he or she works with, or for, the EXCEL Program, or is specifically authorized to see the information. In addition to the information you provide, the EXCEL Director or Assistant Director may request financial aid information from the Financial Aid Office. This information is necessary to determine if the applicant is eligible to participate in the program and qualifies for SSS Grant Aid; it also helps the federal government to measure your success. Please sign below if you give EXCEL permission to contact the Financial Aid Office regarding your financial aid information and to send your personal and financial aid information to the Department of Education.

### CERTIFICATION

I hereby certify (1) that I have read the statement of Confidentiality and (2) that the information provided in this application is true and correct to the best of my knowledge.

Printed Name of Student					Sign	ature	Date	Date					
Form C	complete	ed By: _											
*	*	*	*	*	*	*	*	*	*	*	*	*	*

Questions? Contact the EXCEL office at:	EXCEL/Student Support Services
	Mineral Area College
	P.O. Box 1000 * Park Hills * MO * 63601-1000
	(573) 518-2131

If you have special needs as addressed by the Americans with Disabilities Act and need this information provided in an alternative format, notify an EXCEL staff member immediately. Reasonable efforts will be made to accommodate your special needs.

Mineral Area College does not discriminate on the basis of race, color, national origin, gender, disability, age, religion, creed, or marital or parental status. For more information, call the Title VI, Title IX, Section 504 and ADA Coordinator at 573-431-4593 or U.S. Department of Education, Office of Civil Rights.