

Parent/Guardian (if income used) Signature



Room 136, 1100 Building 2050 Hwy. 501 E Conway, SC 29526 (843) 349-7113 (Office) (843) 349-7573 (Fax) ssstrio@hgtc.edu

Program Application (Please Print)

I. General & Demographic Information:		Date:
Name:		H#:
		Home Phone:
Do you agree to receive text m		*Cell Phone:RiO regarding reminders, upcoming events, & data rates may apply
Personal Email:	School:	@ wavenet.hgtc.edu
		Race/Ethnicity:
Citizenship Status? [] U.S. Citiz	zen 🛮 U.S. Permanent Resident 🖺 N	No Response
II. Enrollment Data:		
High School Graduation Date:	HGTC Enr	rollment Date:
Prior Upward Bound, ETS, or 1	RiO Participant? [] Yes [] No, If Ye	es, where?
Currently Enrolled at HGTC? [] No [] Yes hrs.	
Major/Program of Study	An	ticipated Graduation Date:
		o If Yes, where?
How did you learn about TES?	Other TRiO program Online	☐ HGTC Staff/Faculty:
Student Referral:	Recruitment/Interes	st Table Flyer Other:
III. TES Eligibility Criteria:		
Have either of your parents ea	rned a 4 year degree? (Bachelor's)	☐ Yes ☐ No
Do you receive Financial Aid? 🛮 N	No Yes: (Circle all that apply) Pell SC	Need Based Lottery Loans Other
Do you have a disability (physical,	learning, etc.) documented with HGTC	C's Office of Disability Services? No Yes
How many people live in your	household? (please include yoursel	f)
Do you have any dependent(s)	/children? 🛮 No 🖺 Yes: How many	\$
Did you (or your parents) file in	ncome taxes for the preceding year?	?
	n best matches your (or your parent's ne 1040 A; 06 on the 1040 EZ)	s) taxable income for the preceding year.
	24,360 □\$24,361 – 30,630 □\$ 41 – 55,710 □\$55,711 – 61,980	330,631 – 36,900 □\$36,901 – 43,170 □ Over \$61,980
I hereby certify that the abo	ove information is accurate and	true to the best of my knowledge.
Student Signature		Date
organization		

Date

CONSENTING AGREEMENT			
Please read each individual agreement below and provide your initials if you consent to the agreement. Please discuss these agreements with TES staff before initialing if you have any questions or concerns.			
I understand that TES staff may review and/or verify my academic information and financial aid status, maintaining a student record of this information. Also, I understand that academic progress reports may be requested from my instructor(s) each semester. I understand that TRiO Elite Scholars uses academic information in strictest confidence and only for purposes relevant to student success.			
I understand that my services with TES may be amended or suspended if I violate the HGTC Student Code of Conduct when interacting with TES staff and students.			
I understand that TES may track and analyze the academic performance of the TRiO cohort for the purpose of program evaluation and research. I understand that such evaluation and research will not identify individual students and is anonymous.			
I understand that I must meet the eligibility criteria established by TES regulations and policies in order to be accepted into the TES program.			
I have reviewed the above agreements. By initialing an agreement, I permit TRiO Elite Scholars act as specified.			

TO BE COMPLETED BY <i>TES STAFF ONLY</i>			
Intake Date:			
Student is enrolled in a transfer (AA or AS) Degree Program? [] Yes [] No			
Academic Need:			
Determination / Reasoning:			
Applicant Verified By TES Academic Coach:			
Signature			
Approved Denied TES Director:Date:			
TES Enrollment Date: Cohort Year:			
LI/FG LI Only FG Only DI DI/LI DI/FG LI/FG/DI Blumen/APR coded as:			