

# TRIO Student Support Services (SSS) Academic Counseling and Educational Services (ACES) Application

Students who wish to participate in the TRIO SSS ACES program must complete this application, provide supplemental information where necessary and answer the questions listed on the back. Potential applicants for the program will be asked to meet with an ACES counselor to be considered for enrollment in the program. *The information you provide is strictly confidential.*

## PERSONAL INFORMATION

1a. SOCIAL SECURITY #	1b. COD STUDENT ID #:	MALE	FEMALE	3. DATE OF BIRTH: / /
4. NAME: FIRST		MIDDLE INITIAL:	LAST:	
5. MAILING ADDRESS		CITY	STATE	ZIP CODE
6. CELL PHONE #:		7. DAYTIME PHONE #:		
8. MY COD E-MAIL ADDRESS:		9. EMERGENCY CONTACT: (Name, Phone, Relationship)		

## ELIGIBILITY CRITERIA

1. CHECK ONE: a. U.S. CITIZEN: _____ b. PERMANENT U.S. RESIDENT: _____ IF PERMANENT RESIDENT: Green/ Permanent Resident Card #: _____	
2. ANNUAL FAMILY TAXABLE INCOME: (As listed on 1040 Income Tax Form) \$	3. NUMBER OF FAMILY MEMBERS LIVING AT HOME: (As listed on 1040 Income Tax Form)
4. DID YOU APPLY FOR FINANCIAL AID? YES _____ NO _____	5. DID YOU RECEIVE A PELL GRANT? YES _____ NO _____
6. DOES YOUR FATHER HAVE A: BACHELOR'S DEGREE: YES _____ NO _____ YEAR OF GRADUATION:	
6a. DOES YOUR MOTHER HAVE A: BACHELOR'S DEGREE: YES _____ NO _____ YEAR OF GRADUATION:	
7. HAVE YOU ATTENDED A COLLEGE OTHER THAN COD? YES _____ NO _____ IF YES, PLEASE LIST: _____	

## ETHNICITY

1. NATIVE AMERICAN OR ALASKAN NATIVE _____	2. ASIAN _____	3. BLACK OR AFRICAN-AMERICAN _____
4. HISPANIC _____	5. WHITE _____	6. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____
7. OTHER _____		

## OTHER INFORMATION

<b>COD OBJECTIVE (INFORMED GOAL)</b>	
ASSOCIATE (A.A./A.S.) DEGREE ONLY _____ TRANSFER ONLY _____ ASSOC. DEGREE & TRANSFER _____	
COD MAJOR:	Transfer Major:
2. ARE THERE OTHER PROGRAMS IN WHICH YOU ARE ENROLLED AT COLLEGE OF THE DESERT? (check all that apply). EOPS _____ (If you are enrolled in EOPS/CARE, you cannot be enrolled in ACES) CARE _____ Foster Youth _____ DSPS _____ MESA _____ VETERAN _____ TRIO DSPS _____ TRIO Veterans _____ OTHER _____	
3. HAVE YOU PARTICIPATED IN A TRIO PROGRAM BEFORE, SUCH AS: <b>UPWARD BOUND</b> ? YES _____ or NO _____	
4. DO YOU INTEND TO WORK WHILE ATTENDING COD, IF SO, HOW MANY HOURS PER WEEK? _____	

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**PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS.**

*(You may attach additional sheets if necessary.)*

1. How did you hear about ACES? (please write name if personal referral)
  
2. Why are you interested in becoming a participant in the ACES Program?
  
3. What are your educational and career goals?
  
4. Tell us about a special circumstance that may have affected your performance in school and how you handled it. (i.e., illness, family problems, discouragement, peers, sports, etc.)

By enrolling and participating in the ACES PROGRAM at the College of the Desert, I give my permission to the ACES program staff to access my COD records (including those at the Financial Aid and Admissions and Records offices) for the purposes of determining program eligibility. By signing below, I verify that the information I have submitted on my ACES application is true and complete to the best of my knowledge. Failure to provide necessary documentation may be cause for denial and/or cancellation in the Program. I also give the ACES program permission to verify the information on my application as necessary and to monitor my academic progress while enrolled at COD.

**\*\*Privacy Act:** In accordance with the Privacy Act of 1974 (Public Law No. 93-579,U.S.C. 552a), you are hereby notified that the Department of Education is authorized to collect information to implement the Student Support Services Program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, Sec. 402D). In accordance with this authority, the Department receives and maintains personal information on participants in the Student Support Services program. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing the information on this form, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of their official duties.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**ACES is a federally funded TRIO Student Support Services Program**

**ACES SSS Program  
TRIO ACES Office, South Annex 12  
College of the Desert, 43-500 Monterey Avenue, Palm Desert, CA 92260 (760) 776-7347**

Revised: 03/13/18 (CAG)

**OFFICE USE ONLY**

APPLICATION RECEIVED DATE:		ACES APPOINTMENT DATE:		DATE ENTERED ACES:	
DATE ENTERED COD:		ACES COUNSELOR:			
ACADEMIC LEVEL:	Freshman Sophomore	Date entered in STAL:			
<b>ELIGIBILITY:</b> 1: LI&FG – Low Inc. /First Gen. 2: LI – Low Income 3: FG - First Generation 4: DL – Disabled/ Low-Income 5: D – Disabled		<b>ACADEMIC NEED:</b> 1: Assessment/Diagnostic tests 2: Lack of educational and/or career goals 3: Lack of acad. preparedness		COLLEGE UNITS COMPLETED: _____ CUM GPA: _____	
Financial Aid Need:	Financial Aid Unmet Need:	Financial Aid Awarded:	TRANSFERRABLE UNITS: _____ Type:		