



TRiO
STUDENT SUPPORT SERVICES

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1000 Dabney Drive, Clifton Forge, Virginia 24422

Warren Hall, Room 425

(540) 863-2859

FAX (540) 863-2915

TRiO SERVICES OFFERED

Thank you for your interest in the TRiO Student Support Services Program. If you have any questions, please feel free to contact our office in the Achievement Center at (540)863-2859.

TRiO Student Support Services is a federally funded program at Dabney S. Lancaster Community College (DSLCC) for students who want college success and need academic support and encouragement.

TRiO Student Support Services offers the following services:

- Tutoring, Individual & Group
- Financial Aid Counseling
- Individualized Learner Plan
- Academic Advising
- Student Computer Lab
- Supplemental Grant Aid
- Career Choice Advising
- Cultural Events
- Mentoring Program
- Campus involvement opportunities

ELIGIBILITY

In order to qualify for these services, a student must be a United States citizen (or national or meets the residency requirements for federal student financial assistance), is enrolled at Dabney S. Lancaster Community College, demonstrates academic need for support, and meets the following U.S. Department of Education criteria:

1. **Low Income:** as established by the income guidelines of the U.S. Department of Health and Human Services
2. **First Generation College Student:** neither of your parents has graduated with a four-year college or university degree
3. **Special Needs:** includes both physical and learning documented disabilities.

Please complete the reverse side. Sign and date the form.

FIRST GENERATION VERIFICATION

Has your mother received a 4-year college degree? Yes No

Has your father received a 4-year college degree? Yes No

This is to certify that I, (print your name) _____

am eligible to participate in the TriO Student Support Services program at DSLCC under the first generation provision.

What is the last date you attended any school? _____

DOCUMENTED DISABILITY

I have a documented disability. Yes No

I affirm that the information I have provided is true and correct to the best of my knowledge. I also give permission for the Program staff to receive my transcripts, grades, financial data, recommendations, and evaluations in order to fulfill the requirements of the TRiO Student Support Services Program at DSLCC.

Name (Please Print)

Date

Student Signature

Cell Phone Number

Local Address

Social Security # or Student Empl ID #

DSLCC Email Address

