



PERSONAL INFORMATION:

NAME: _____
Last First MI Suffix (Jr., Sr. III)

ADDRESS: _____
Street Address/PO Box City State Zip Code

HOME PHONE: _____ CELL PHONE: _____

SSN: _____ STUDENT ID: _____ DOB: _____

GENDER: M F Other (please identify) _____

U.S. CITIZEN: Y N If no, are you a permanent resident? Y N Alien# _____

MARITAL STATUS: Married Single Separated Divorced

ETHNICITY: American Indian / Alaskan Asian Black Native Hawaiian or Pacific Islander Hispanic White

WCC E-MAIL: _____ ALTERNATE E-MAIL: _____

EMERGENCY CONTACT: _____
Name Relationship Phone Number

PROGRAM OF STUDY AT WCC: _____ Do you plan to transfer to a four-year school? Y N

ELIGIBILITY:

Did either parent / guardian graduate from a four year college / university? Y N

Do you have a documented physical, mental, learning or emotional disability? Y N

Are you registered with WCC Disability Services? Y N

Have you applied for Financial Aid? Y N If so, have you received a Financial Aid award? Y N

Have you ever participated in a TRIO Program such as Upward Bound or Educational Talent Search? Y N

INCOME VERIFICATION: (Independent student use own information/ dependent student will use parent information)

Did your family file a Federal Tax Return last year? Y N

Total number of family members living in household (include yourself and parent(s)/guardian(s): _____

Total **TAXABLE** income: \$ _____ (Taxable income is the income you pay taxes on AFTER all deductions.)

*****Amount can be found on Income Tax Return Form 1040-Line 43 or 1040EZ-line 27**

*****If your family DID NOT file a Federal Income Tax Return, your taxable income is \$0**

IF AVAILABLE, PLEASE ATTACH A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN AND/OR PRINT YOUR IRS TAX TRANSCRIPT.

I hereby certify that the above information is true and correct to the best of my knowledge.

STUDENT OR PARENT SIGNATURE FOR DEPENDENT STUDENT

I authorize Wytheville Community College to release any information requested from my student account including Financial Aid, Admissions and the Educational Foundation Office to the Student Support Services (SSS)/TRIO Program) and authorize the SSS program to share application information with WCC including the above offices. In addition, I hereby give my permission for my photograph and/or statements to be used by SSS for promotional, or publicity purposes.

STUDENT SIGNATURE