



TRiO LEARNING COMMUNITY (TLC) PROGRAM

A Federal TRiO Student Support Services Project

New Jersey City University
Hepburn Hall 112-E
Jersey City, NJ 07305

(201) 200-2204 Fax: (201) 200-2203

**FOR OFFICE USE
ONLY**

Date Received & Initials:

Referred To:

APPLICATION- PART I
Answer all questions completely, sign & return to our office.

Name

_____ SSN# _____
Last First Middle

Date of Birth _____ **Age** _____ **Sex** _____ **Place of Birth** _____

Address _____

_____ **County** _____
City State Zip

Home Phone _____ **Cell Phone** _____

E-mail _____ @ _____ **Are you on Social Media?** Y ___ N ___

US Citizen? Yes ___ No ___, if no attach a copy of your residency card **Veteran or Active Duty?** Yes ___ No ___

Ethnicity- Hispanic: Yes ___ No ___

Race: (Check One)

- American Indian or Alaskan Native
- Asian
- African American or Black
- Native Hawaiian or Other Pacific Islander
- White
- Other (Specify) _____

Emergency Contact _____ **Relationship** _____ **Phone** _____

For Office Use Only

Application Received By: _____ Date: _____

Interview Date: _____ By: _____

Check all that apply

- 1st Generation
- Low Income
- Disabled

Action: _____ Approved _____ Rejected _____

Applicant notified by: _____ Date: _____



TRiO Learning Community (TLC) Program
APPLICATION PART II: ELIGIBILITY ASSESSMENT

The following information is used to determine eligibility for TLC.
Failure to complete the following information may significantly delay review of your application.

ALL SECTIONS *MUST BE COMPLETED AND SIGNED.*

INCOME STATUS

- What was your **Family's Household Taxable Income** for the tax year **2018**? _____
Line 6 on 1040EZ / Line 27 on 1040A / Line 43 on 1040)
***Household Taxable Income** is household income after deductions are taken.
PLEASE ATTACH A COPY OF THE IRS 1040 FORM OR SIGNED TAX TRANSCRIPT FOR VERIFICATION
- If you and/or your family do not file income tax, please report your untaxed income for the current year. Please attach a copy of documents that support your claim (public assistance, social security, etc...)

Number of people in household _____

Do you live with your parents? Yes ___ No ___

Marital Status _____

Do you have children? Yes ___ No ___

All of the information provided under Income Status is true to the best of my knowledge.

Student Signature _____ Date _____

Parent Signature _____ Date _____

FIRST GENERATION STATUS

- Do either of the parents/guardians who **raised** you have a Bachelor's Degree? Yes ___ No ___

All of the information provided under First Generation Status is true to the best of my knowledge.

Student Signature (parent signature if under 18) _____

DISABILITY STATUS

- Do you have a federally recognized disability? Yes* ___ No ___
- Have you registered with NJCU Office of Specialized Services for Students with Disabilities?
Yes ___ No ___

All of the information provided under Disability Status is true to the best of my knowledge.

Student Signature _____ Date _____

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TRiO Learning Community (TLC) Program
APPLICATION PART III
Personal Needs Assessment

Student Name _____

Date _____

Please select the statements that best describe your current academic and/or personal needs. Check all statements that identify where you need to gain skills or improve:

Academics

- Strengthening my writing skills
- Increasing my mathematical skills
- Improving my test taking skills
- Developing better study habits
- Using the computer as a learning tool
- Improving my problem-solving abilities and reasoning skills
- Learning how to make use of library facilities
- Developing my public speaking ability
- Coping with academic difficulties
- Other: _____

Major/Career

- Selecting/ changing my major area of study
- Identifying career areas that fit my skills, abilities, and interests
- Developing effective job seeking skills (interviewing, resume writing, etc...)
- Learning more about educational requirements or training necessary for careers of interest to me
- Learning how to get course credit through nontraditional means (CLEP, PEP, internships, etc...)
- Selecting courses necessary to complete my educational program
- Other: _____

Personal

- Obtaining remedial/ tutorial assistance
- Obtaining adequate funds to finance my education
- Learning how to budget and spend my money wisely
- Learning how to work effectively on my own
- Learning how to handle stress and anxiety in college and life
- Developing my leadership skills
- Other: _____

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**TRiO Learning Community (TLC) Program
APPLICATION PART IV
Admissions Contract**

If accepted into TRiO Learning Community (TLC), I may be eligible for the following benefits...

- Priority registration which allows me to pre-register for classes
- Free peer tutoring and tutoring referral services
- TLC Loaner Library access
- Access to TLC workshops and cultural activities free of charge
- Access to the TLC student lounge and computer lab
- Access to university wide cultural events free of charge
- Free financial literacy workshops
- Free FAFSA completion assistance

If accepted into TRiO Learning Community (TLC) program, I agree to:

- Attend the TLC New Student Orientation
- Meet with TLC Counselor two times per semester
- Attend or complete a *Financial Literacy Workshop*
- Attend all scheduled tutoring and academic advising sessions (Tutoring is mandatory if a student is required to take non-degree level Math and/or English courses or if the grade point average fall below 2.25)
- Attend 4 workshops/events each year to improve my academic, personal, or career skills.
- Submit my FAFSA by the April 15th priority deadline
- Review my mid-term progress reports each semester and discuss my grades with my counselor
- Join the TLC Facebook group, follow TLC on Twitter and/or Instagram and visit the office to stay abreast of program activities, resources and deadlines.
- I will be honest and conscientious with the TLC program staff and use the services of TLC to help me be a successful college student.

Printed name: _____

SIGNATURE: _____ **DATE:** _____

The TLC Commitment:

As a part of our commitment to program participants, TRiO Learning Community (TLC) program provides a variety of support services. The program sponsors activities that will increase not only the students' academic proficiency, but also their understanding of the cultural and personal skills that are essential in surviving in a diverse college environment. Ultimately, it is the goal of the program to insure that all of its students obtain baccalaureate degrees.

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TRiO Learning Community (TLC) Program

**Consent to Release
(To be completed by all applicants)**

I understand that the TRiO Learning Community program needs access to my financial, personal and academic information in order to provide the best possible support for me at New Jersey City University. Therefore, I agree to release such information to the TRiO Learning Community program staff members as long as I am considered an active TLC program participant or a student at New Jersey City University. I further understand that all released material will remain confidential. Academic information and disability verification, however, will be shared with faculty, University departments, the Coordinator for the Office of Specialized Services for Students with Disabilities Services, and appropriate representatives of the U.S. Department of Education only as necessary.

I also agree to allow my name and/or picture to be printed in any TLC newsletter, publication or display in recognition of academic success, leadership, or graduation.

By my signature I certify that I am eighteen years old or older, that I have read and understood this Consent to Release and that I am capable of giving such consent and do so voluntarily.

Printed name: _____

SIGNATURE: _____ **DATE:** _____

If under eighteen years of age, parental signature is required.

PARENTAL SIGNATURE: _____ **DATE:** _____



**Release of Information
(To be completed by students with disabilities)**

I agree to allow the TRiO Learning Community program counselor to discuss issues related to my academic progress with _____ for the purpose of coordinating academic and personal support services as long as I am an active TRiO Learning Community program participant.

By my signature I certify that I am eighteen years old or older, that I have read and understood this Consent to Release and that I am capable of giving such consent and do so voluntarily.

SIGNATURE: _____ **DATE;** _____