PROJECT RISE

Application for program consideration

Thank you for your interest in joining Project RISE/TRIO Student Support Services at Heartland Community College. Project RISE is a student-focused program which provides support to individuals who are traditionally underrepresented in post-secondary education. This application will help us assess your eligibility and need to join Project RISE.

PROJECTRISE
AT HEARTLAND COMMUNITY COLLEGE

MISION STATEMENT

We advocate for and support our student's academic, personal, and professional pursuits within a personalized community of care and inclusivity.

CONTACT INFORMATION

1500 W. Raab Road WDC 1223
Normal, IL 61761
(309) 268 - 8404
Project.RISE@heartland.edu
www.heartland.edu/projectRISE

Demographic Information

Legal Name: _____

Preferred Name: _____

Today's Date: _____

HCC ID Number: ☐☐☐☐☐☐☐

Birth date : _____ / _____ / _____ **Sex assigned at birth:** ☐ Male ☐ Female

Address : _____

Phone Number : _____ **HCC E-Mail** : _____

Pronouns : ☐ She/her/hers ☐ He/him/his ☐ They/them/theirs ☐ Other: _____

Race : ☐ Black/African American ☐ White/Caucasian ☐ Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Asian American / Asian Native

Ethnicity : ☐ Hispanic / Latino ☐ **Not** Hispanic / Latino

PLEASE CIRCLE THE STATEMENT THAT BEST DESCRIBES YOUR CURRENT SITUATION

Are you (please circle yes or no)…

A Military Veteran	Yes	No
Native in a Language other than English	Yes	No
In a Foster Care Program	Yes	No
Currently Homeless	Yes	No
Are unsure of where your next meal will come from	Yes	No

Project RISE Resources to Increase Student Excellence

TriO / Project RISE (Student Support Services) is a federally funded TriO program through the U.S. Department of Education TitleIV funds. For more information go to: http://www.ed.gov/programs/triostudsupp/index.html

Program Eligibility

Are you a... ☐ United States Citizen ☐ Permanent US Resident

Do you have a parent who has a Bachelor's degree or higher? ☐ Yes ☐ No

Do you have a disability documented with Heartland's Student Access and Accommodations Services (SAAS)?
If you have a disability not yet registered with SAAS or believe you may have a disability please indicate as "other" and explain. We can provide information on the documentation process and who to contact

☐ Yes ☐ No ☐ Other: _____

Please check all that you are receiving for the current school year:

☐ Pell Grant ☐ MAP Grant ☐ Scholarships ☐ No Assistance at all

☐ Work Study ☐ Perkins Grant ☐ Sudent Loans ☐ Financial Aid Probation/suspension

☐ Have not applied yet ☐ Don't know yet ☐ Other: _____

Academic Information

Anticipated or declared area of study: _____

Career Goal: _____

Are you planning to transfer to a four-year institution? _____

If "yes", please list potential transfer institutions: _____

Please indicate if you have received any of the following:

☐ High School Diploma ☐ GED ☐ Associate's ☐ Bachelor's

Have you attended a different college previously?

☐ Yes ☐ No

College name: _____

Major: _____

Reason for leaving: _____

Income Self-Report

Please fill out the section of this form that matches your current status (if you are unsure, this would be how you filed for FAFSA as well)

Dependent Student - Please have a Parent or Guardian provide the following information

You are a dependent student if... you are under 24 years of age, single, have no children, ***or*** children are receiving less than half of their support from you.

Student's Name: _____

Parent/Guardian Name: _____

Does the student have a parent who has a bachelor's Degree or higher? _____

Number of people living in parent's household (claimed on taxes): _____

Parent/Guardian's most recent taxable income (not adjusted income level) filed with the IRS?

$ _____

Please Write Dollar Amount

All of the information on this form is true and complete to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:**_____

------- OR -------

Independent Student - Please complete the following information about your household

You are an **independent student** if... over age of 24, married, a veteran or active military, have children who recieve more than half of their support from you, **OR** an orphan or ward of the court

Student's Name: _____

Number of people living in parent's household (claimed on taxes): _____

Your most recent taxable income (not adjusted income level) filed with the IRS?

$ _____

Please Write Dollar Amount

All of the information on this form is true and complete to the best of my knowledge.

Student Signature: _____ **Date:**_____

This amount can be found on tax forms
if you file a 1040EZ, your taxable income is documented on line 6 if you file a 1040A, your taxable income is documented on line 26
if you file a 1040, your taxable income is documented on line 43

- **Self report of Low Income Eligibility Statement Form**

PROJECTRISE AT HEARTLAND COMMUNITY COLLEGE

TRiO STUDENT SUPPORT SERVICES

Federal TRIO Programs Current-Year Low-Income Levels

Self-Report of Low-Income Eligibility Statement

(Effective **January 11, 2024** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions
1	$22,590
2	$30,660
3	$38,730
4	$46,800
5	$54,870
6	$62,940
7	$71,010
8	$79,080

☐ I hereby verify that I **qualify** for Low Income Eligibility based on the Federal TRIO Program Current-Year Low-Income Levels indicated in the above chart.

Print Name _____ Signature _____ Date _____

☐ I hereby verify that I **do not qualify** for Low Income Eligibility based on the Federal TRIO Program Current-Year Low-Income Levels indicated in the above chart.

Print Name _____ Signature _____ Date _____

General

How did you hear about Project RISE?

- ☐ Email
- ☐ Financial Aid
- ☐ Class Visit
- ☐ Social Media
- ☐ Letter
- ☐ Intructor
- ☐ Website
- ☐ Friend in the Program
- ☐ Orientation
- ☐ Project RISE table or staff member
- ☐ Other: _____

Why do you want to be a part of Project RISE? :

_____

_____

_____

Is there any information you would like Project RISE to know?

_____

_____

RELEASE OF INFORMATION

I, the undersigned, hereby agree to give all privileges for copyright and publication of my image in photographs and video shot by HCC or their agents, for use in the promotion and advertisement of Heartland Community College.

_____

Name (print) **Signature** **Date**

I, the undersigned, certify that the information I have provided on this application is, to the best of my knowledge, true and correct. Furthermore, I understand that by applying for this program, I authorize Project RISE / TRIO SS program to obtain records or data pertinent to my participation from other sources, and to release information as required by law or the terms of the Project RISE / Trio grant to the grant-funding agency of the federal government. I also understand that Project RISE will abide by the Family Educational Rights and Privacy Act (FERPA) in disclosing and gathering any information regarding my education.

_____

Name (print) **Signature** **Date**

Thank you again for your interest in Project RISE, you should be hearing from one of the two designated staff contact below soon to schedule a short 30-minute intake meeting. We look forward to meeting you!

Maria Abbonato
Assistant Director of Project RISE
Staff contact for Freshman

Michelle Baldwin
Director of Project RISE
Staff contact for Sophomores