TRiO Student Support Services
Summer Bridge Application

The Summer Bridge program provides two classes (College Success and math) free of charge for eligible first-time students. Please check below for eligibility before submitting an application. Any questions can be directed to Terrie Greenbaum – 386-506-3634 / Theresa.Greenbaum@daytonastate.edu

**FIRST - Ensure you are at least one of the following:**

- First-Generation college student (neither one of your parents/legal guardian completed a four-year degree)
- Demonstrate financial need (If you’re a Pell grant recipient, you are likely eligible.)
- Have a documented physical or learning disability

**SECOND –** Make sure you have been granted admission to Daytona State College and obtain Florida residency status

**THIRD –** Make sure you are first-time in college student (students with dual credit, AP, or IB credit are welcome to apply)

**FOURTH -** Complete the application and attach copies of the five documents shown below.

Check each box when you have attached the document.

Unofficial High School Transcript  
Copy of Photo ID  
Proof of Submission Current Year FAFSA  
Proof of Household Income (Previous Year’s Tax Return)  
250 Word Essay About Goals and Interest in Summer Bridge Program

Please turn in this application to Terrie Greenbaum one of four ways:

- **In person:** Daytona State College, Building 500 Baker Academic Support Center, Office 110
- **Email:** Theresa.Greenbaum@daytonastate.edu
- **Fax:** 386-506-3544
- **Mail:** 1200 W. International Speedway Boulevard Bldg.500/Room110  
  Daytona Beach, FL 32114

The application can also be found online by visiting [http://www.daytonastate.edu/dass/summerbridge.html](http://www.daytonastate.edu/dass/summerbridge.html)
APPLICATION FOR PARTICIPATION

STATEMENT OF CONFIDENTIALITY:

The information contained in this application is for the purpose of determining the applicant’s eligibility for the Student Support Services program. Information received on income is highly confidential.

I. PERSONAL INFORMATION

Student ID #: __________________________ Social Security number: ___________ - _______ - ___________

Name: __________________________________________________________________________ Date: ___________

(Last) (First) (M.I.)

Address: _______________________________________________________________________________________________________

(Street) (City) (State) (Zip)

Date of Birth: _______/_____/________ Sex: ☐ Male ☐ Female

Home phone: __________________________ Cell phone: __________________________

College Email: _________________________________________________________________________________________________

Preferred method of contact: ☐ Email ☐ Cell call ☐ Cell text ☐ Home phone

Ethnicity: ☐ Hispanic ☐ Am. Indian/Alaskan Native ☐ Asian ☐ Black/African American

☐ White ☐ Native Hawaiian/Other Pacific Islander

Marital Status: ☐ Single, never married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

II. ELIGIBILITY INFORMATION

Does your mother have a 4-year degree or higher? ☐ Yes ☐ No ☐ Unknown

Does your father have a 4-year degree or higher? ☐ Yes ☐ No ☐ Unknown

Were you or are you currently in foster care? ☐ Yes ☐ No

Are you an emancipated or homeless student? ☐ Yes ☐ No

Are you a veteran? ☐ Yes ☐ No

Did you complete the FAFSA? ☐ Yes ☐ No

Are you Pell eligible? ☐ Yes ☐ No

Have you attached a copy of your 1040 tax form? ☐ Yes ☐ No

If not, please explain: _______________________________________________________________

Office Use Only
☐ LI/FG ☐ LI
☐ FG ☐ D
☐ Summer Bridge

(386) 506-3715  http://www.daytonastate.edu/dass/triosss.html

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RELEASE/CONSENT TO USE PHOTOGRAPHS

Photographs of our participants may be included in our website or other college-approved media. We require your authorization to use any photos we take of you in order to do this.

**Please read and sign if you agree to the following terms:**

I hereby irrevocably consent to and authorize the use and reproduction by Daytona State College or any person or organization authorized by Daytona State College of any and all photographs, video tapes, or film which have been taken of me, both singularly and as a part of a group, without any compensation to me. All positives and negatives shall constitute solely the property of Daytona State College.

(X)_________________________________________   ____________________________

SIGNATURE OF STUDENT      DATE

LIABILITY INFORMATION

The undersigned student joins in the release of Daytona State College, its trustees, officers, employees and agents from any and all liability or claims for losses or damages that the student may sustain while participating in travel activities sponsored by Daytona State College’s TRiO Student Support Services program. The undersigned expressly understands and agrees that Daytona State College, its trustees, officers, employees and agents assume no liability for the student’s participation in travel activities.

(X)_________________________________________   ____________________________

SIGNATURE OF STUDENT      DATE

STUDENT PARTICIPATION AND AUTHORIZATION AGREEMENT

I, (STUDENT NAME) ________________________________, hereby agree to fully participate in all required activities, and attend all required meetings and workshops. I will commit myself to the Daytona State College TRiO Student Support Services Program until I graduate from Daytona State College. **Failure to fully participate in required program events may result in removal from the TRiO Student Support Services program.** I understand that admission into the program does NOT guarantee tutoring and/or grant aid.

My signature below indicates that the information given on this application is true and complete to the best of my knowledge. I also certify that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. Additionally, I understand that the information given herein is for the receipt of services funded by a Federal grant. The information provided may be disclosed to third parties for the purpose of verifying eligibility requirements, and in an effort to prevent fraud, waste and abuse in providing federal assistance.

(X)_________________________________________   ____________________________

SIGNATURE OF STUDENT      DATE