



Coe College
TRIO/Academic Achievement Program
2019-20 Enrollment Form



Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City/State/Zip: _____ Intended Major: _____

With whom did you reside for the last eight years?

_____ both parents _____ mother only _____ father only _____ neither parent

Do either of your parents have a four-year college degree?

Mother: _____ yes _____ no Father: _____ yes _____ no

If yes _____ Degree received If yes _____ Degree received

/College/University _____ College/University _____

Do you have a documented physical, psychological or learning disability? _____ yes _____ no

If yes, please specify: _____

I would like to learn more and possibly take advantage of the following services and opportunities offered by TRIO/AAP:

_____ **Academic Advising**
Guidance on major and course selection

_____ **Career Exploration**
Help with navigating the many career choices and opportunities

_____ **Graduate & Professional School**
Assistance with decisions about grad school and the process of getting there

_____ **Cultural Enrichment**
Expand awareness and appreciation of the world around us

_____ **Tutoring/Supplemental Instruction**
Academic support from experienced students who can offer first hand insights and strategies

_____ **Leadership Development**
Enhance personal talents and values while advancing leadership skills

_____ **Financial Planning**
Discover strategies for making good financial decisions

_____ **Summer Bridge**
Preview college life and academic before classes start in the fall

_____ **Peer Mentoring**
Connect with a current AAP student to learn the ins and outs of college life

_____ **College-Level Learning Strategies**
Explore methods to address the increasing demands of college academics

_____ **Social Experiences**
Meet people, try new things, and have fun

_____ **College Completion Challenge Grant**
Opportunity to apply for additional grant money to go toward college expenses

_____ **Accessibility Services**
Identify individual strategies and supports for students with disabilities

What do you most look forward to about your college experience at Coe?

What concerns do you have about attending Coe College?



**Please sign and date the following statement and return this form to the TRIO/
Academic Achievement Program office as soon as possible.**

Mail to:

TRIO/Academic Achievement Program
Coe College
1220 First Avenue NE
Cedar Rapids, IA 52402

Fill out on paper and submit electronically:

scan/email to:
o-aap@coe.edu

I would like to become a member of the TRIO/Academic Achievement Program. I understand that I will be expected to attend a meeting with an AAP staff member when I start school at Coe to learn more about the program so I can take full advantage of the services that interest me.

Signed: _____

Date: _____

As a participant in the TRIO/AAP Program, I understand that information I share with the TRIO/AAP staff will be kept strictly confidential according to the rules and policies of the College. I also understand that information from other departments within the College can be requested by the TRIO/AAP staff to complete my participant file and to provide required services. I authorize the TRIO/AAP staff to release information to the U.S. Department of Education, TRIO programs.