

Dear Prospective Emergency Medical Services Student:

Thank you for your interest in our program. Your decision could lead to a rewarding and fulfilling career in Emergency Medical Services. Currently, there is a nationwide shortage and high demand for licensed emergency medical technicians and paramedics.

Enclosed you will find information that will help you in preparing your application materials. You should complete an application to Trenholm State, an application for the Emergency Medical Services program, and, if you wish, an application for financial aid. The admissions requirements for the program are included in this packet.

Once you have completed your admissions packet, you should periodically check with a program faculty advisor to ensure that your admissions information and documentation are complete and that there have been no changes regarding admissions criteria. Contact information is listed below.

Please feel free to contact us if you have questions or concerns regarding the admissions process. Again, thank you for your interest in our program and we look forward to hearing from you soon.

Sincerely,

Danny Perry, MSN, CRNP, RN, NRP
Program Coordinator

Enclosures

Program Advisors: **Danny Perry, MSN, CRNP, RN, NRP**
Program Coordinator
Office: 334.420.4323
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Winston Warr, AAT, ASN, RN, NRP
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Instructor
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ENTRANCE REQUIRMENTS FOR EMT

- Unconditional admission to the College.
- High school diploma or GED equivalent.
- 2.0 cumulative grade point average (GPA)
- Transcripts from all post-secondary institutions attended.
- Acceptable ACCUPLACER or ACT/SAT scores. Required ACCUPLACER score: Math- 40, Reading- 70, and Writing- 5. In lieu of ACCUPLACER, an ACT score of 20 on the English and Math sections or an SAT score of 650 may be used.
- At least 18 years of age or will be 18 at time of course completion.
- A high school diploma or GED equivalent.
- Candidates must be able to meet all technical standards required of the program (see essential functions form for full details):
 - Sensory, auditory, tactile and olfactory sensory perception
 - Communication/Interpersonal Relations
 - Cognitive and critical thinking
 - Motor function
 - Professional Behavior
- Students in the Emergency Medical Services Program must meet the following requirements (completed at the student's expense) prior to and throughout enrollment in the program:
 - a) Verify absence of the use of drugs and alcohol by participation in random and scheduled drug/alcohol testing at the student's expense.
 - b) Undergo a background screening.
 - c) Provide proof of all vaccinations designated by the program.
 - d) Tuberculin skin test within the past 12 months and annually thereafter while enrolled
 - e) Purchase liability insurance through the college.
 - f) Undergo a student physical examination administered by a physician, nurse practitioner, or physician assistant prior to beginning clinical activities and annually while enrolled.
- Applicant must be able to read, speak and understand the English language.
- Current valid driver's license.
- Meet all general admission requirements for the College
- No applicant is admitted to the EMT Program after the end of the drop/add period each term.

ENTRANCE REQUIRMENTS FOR ADVANCED-EMT

- Applicant must meet all EMT and admission requirements.
- Applicants must have a current CPR certificate for the professional rescuer.
- Applicant must have a current Alabama EMT License.
- Completion of a college level Anatomy and Physiology course (Ex: BIO 201)

ENTRANCE REQUIRMENTS FOR EMT PARAMEDICS

- Applicant must meet all Advanced-EMT and admission requirements.
- Applicants must have a current CPR certificate for the professional rescuer.
- Applicant must have a current Alabama Advanced EMT License prior to beginning clinical rotations.
- Completion of college level Anatomy and Physiology I and II courses (Ex: BIO 201 and BIO 202)
- Completion of the following general education courses - MTH116, ENG101, and PSY200

STUDENT HEALTH REQUIREMENTS

Upon acceptance into the program students must submit a physical examination form (current within one year) which includes documentation of immunizations along with evidence of having begun Hepatitis B vaccinations. Vaccinations required include the following:

- Tuberculin test in the past twelve (12) months. If you haven't had a TBST within the past 12 months, you must complete the 2-step TBST. If you can provide documentation of a TBST within the past 12 months, you need only complete the one (1) TBST. You must return to have your TBST read 2 to 3 days after the test each time. Failure to do this will require that you repeat the test at your expense. If you have a history of a positive TBST, you will be required to provide a chest x-ray report done within the past year.

- Hepatitis B vaccination. If the vaccination has been completed, you must provide proof of immunity (HBsAB). If unable to receive the Hepatitis B vaccine, a waiver must be obtained from a physician, nurse practitioner, or PA.
- Date of last TDAP (Tetanus, Diphtheria, Acellular Pertussis). Pregnant or breastfeeding students should obtain permission from their physician before TDAP. If you had TD (Tetanus/Diphtheria) in the past 2 years then no TDAP is required—just provide documentation of TD date. If you had the TDAP within the past 10 years, provide documentation.
- Varicella Zoster IGG or documentation of physician diagnosed disease or 2 doses of chickenpox vaccine. Proof of two (2) doses of MMR (measles, mumps, rubella) or proof of immunity to measles and rubella or physician diagnosed measles, mumps or rubella disease.

ADDITIONAL APPLICANT INFORMATION:

The Alabama Department of Health will require that you answer the following questions when you apply for licensure at the conclusion of your program of study. **Eligibility to take the NREMT EMT, AEMT or Paramedic Examination is the decision of the NREMT. Graduation from an accredited school such as TSTC does not ensure eligibility.**

- ___ Yes ___No Do you meet the EMT essential functions relating to the physical, mental, and emotional requirements for licensure under current State EMS Rules?
- ___ Yes ___No Have you ever been convicted of any criminal act, including any DUI convictions? (Do not include minor traffic violations.)
- ___ Yes ___No Have you ever had any type of professional license revoked, suspended, or surrendered?
- ___ Yes ___No Have you ever been addicted to the use of intoxicating liquors or controlled substances?
- ___ Yes ___No Do you have any physical or medical limitations or abnormalities such as, epilepsy, or diabetes?
- ___ Yes ___No Is your eyesight impaired in any manner?
- ___ Yes ___No If yes, is it corrected?

A “yes” answer will not necessarily prevent you from eligibility but will require clarification from the Alabama Department of Public Health- Office of EMS and Trauma.

Applicant’s Signature

Date

Please return to:
Trenholm State Community College
Emergency Medical Services Program, Bldg. E
P. O. Box 10048
1225 Air Base Blvd.
Montgomery, AL 36108

NOTE: YOU ARE ENCOURAGED TO KEEP A COPY OF ALL DOCUMENTS SUBMITTED!

TO BE COMPLETED BY PROGRAM FACULTY ONLY

Application Date received: _____ **Initials:** _____

- High School Transcripts on File**
- College Transcripts on File (if applicable)**
- ACCUPLACER Scores on File- Math Score: _____(40) Reading Score: _____ (70) Writing Score: _____(5)**
 - Eligible for English Composition (ENG101)**
 - Eligible for Mathematical Applications (MTH116)**
- Health Records on File**
- Essential Functions Form on File**
- Drug Screen Results Received**
- Current Valid Driver’s License on File**
- BCLS Card on File (AEMT & Paramedic Only)**
- EMT License on File (AEMT Only)**
- AEMT License on File (Paramedic Only)**

APPLICATION CHECKLIST

SUBMIT TO ADMISSIONS OFFICE

- Completed Trenholm State Community College application
- Official** transcripts from high school or official GED scores if applicable.
- Official** transcripts from all colleges attended
- Any other documents required by Admissions

SUBMIT TO EMERGENCY MEDICAL SERVICE PROGRAM

- Completed Student Health Records (Including documentation of immunizations)
- Completed Essential Functions Form
- Copy of current valid driver's license
- Copy of CPR for Healthcare Provider (if applying to AEMT or Paramedic)
- Copy of EMT License (if applying to AEMT)
- Copy of AEMT License (if applying to Paramedic)

ADDITIONAL ACTIVITIES

- Complete ACCUPLACER Test
- Complete Drug Screen & Background Check
- Meet with Program Faculty Advisor to ensure all requirements have been met

**TRENHOLM STATE COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES PROGRAM
P.O. BOX 10048
1225 AIR BASE BLVD.
MONTGOMERY, AL 36108**

Anticipated Expenses

ALL STUDENTS

◆ Drug Screening	\$35**
◆ Physical Exam & Immunizations	\$100-150
◆ Background Check	\$45
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	\$180-230

EMT

◆ Tuition (12 credit hours)	\$1716*
◆ Textbooks	\$225
◆ Medical Liability Insurance	\$34.40
◆ Uniform	\$25
◆ Application for NREMT examination	\$70
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◆ Total	\$2070.40

Advanced EMT

◆ Tuition (13 credit hours)	\$1859*
◆ Textbooks	\$200
◆ Medical Liability Insurance	\$34.40
◆ Uniform	\$25
◆ Application for NREMT examination	\$100
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◆ Total	\$2218.40

Paramedic-Associate Degree

◆ Tuition (48 credit hours)	\$6864*
◆ Textbooks	\$1675
◆ Medical Liability Insurance	\$68.80
◆ Uniform	\$25
◆ Application for NREMT examination	\$125
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◆ Total	\$8757.80

*Tuition is \$143.00 per semester hour and will vary each semester depending on the number of credit hours a student is pursuing.

**upon acceptance and "for cause"

All fees are approximations and subject to change without notice

REQUIREMENTS FOR STUDENT HEALTH RECORDS

Trenholm State EMS Program

Before beginning any clinical course, you must submit proof of the following items. NO exceptions can or will be made regarding submission of required documentation. **NOTE: THIS INFORMATION SHOULD BE SUBMITTED DIRECTLY TO VERIFIED CREDENTIALS.**

Student Name _____

Student ID# _____

ITEM	DOCUMENTATION REQUIRED	Faculty Initials/ Date
Health Questionnaire (Physical Exam)	Initial physical examination must have occurred within 3 months of admission to program. <i>Health questionnaire</i> form must be completed and signed by a physician, physician assistant, or nurse practitioner. Health Dept. stamps are not valid. Health Questionnaire is current for one year from date signed and must be current through the entire term for which student is registering.	
Essential Functions	The Essential Functions form must be signed by student and physician, physician assistant, or nurse practitioner.	
Drug Screen	First term students are required to have a drug screen as part of their physical. Drug screens may be conducted for cause and/or randomly during the semester. Cost of the drug screen is the responsibility of the student.	
Varicella (Chicken Pox)	Documentation of disease history or immunization. If unable to provide medical documentation, you must have titer. If titer is negative, you must repeat immunization.	
Measles* (Rubeola)	Documentation of two doses of live measles virus vaccine (part of MMR). If unable to provide documentation, you must have titer. If titer is negative, you must repeat immunization.	
Mumps*	Documentation of two immunizations with live mumps vaccine (part of MMR). If unable to provide documentation, you must have titer. If titer is negative, you must repeat immunization.	
Rubella*	Documentation of two Rubella immunizations (part of MMR). If unable to provide documentation, you must have titer; if titer is negative, you must repeat immunization.	
Tetanus (Tdap)	Documentation of immunization within last ten years.	
Hepatitis B	Documentation of first of three immunizations is required before beginning first clinical. Proof of 2 nd & 3 rd vaccines must be submitted when due. Waiver is available for those unable to receive the vaccine.	
PPD or Tuberculosis (TB skin test)	Initial Tb skin test is required prior to beginning first clinical and must be current during the entire time enrolled in a clinical course. Tb is current for one year from administration date. If you have ever tested positive for Tb, you must submit documentation of a current negative chest x-ray. Chest x-rays are current for two years from date of test.	
CPR	Documentation of current CPR certification (typed CPR Card) must be presented prior to beginning any clinical activity. American Red Cross-Professional Rescuer level or American Heart Association- Health Care Provider is acceptable. Certification must include infant/ child rescue and two man rescue.	
Background Check	Documentation of a criminal background check within 3 months of admission to program. Must be obtained through approved college vendor. Results will be reviewed on an individual basis.	
EMT LICENSE	COPY of current EMT licensure must be presented prior to beginning clinicals at the AEMT level	
AEMT LICENSE	COPY of current AEMT licensure must be presented prior to beginning clinicals at the Paramedic level	

***Please Note: If you require the MMR immunization, you should not be pregnant nor should you become pregnant for three months after receiving vaccine.**

Trenholm State

Community College

EMS Department Annual Health Examination

Date of Exam: _____

Student Name (Last, First, M)	Telephone () -	TSTC Student Number
Program (Circle one): <input type="checkbox"/> EMT <input type="checkbox"/> Advanced EMT <input type="checkbox"/> Paramedic		
Allergies (Food/Drug/Latex, etc.)		
Height _____ Weight _____ BP _____ Pulse _____		
Vision: Right 20/____ Left 20/____ Corrected: Y N		
	NORMAL	ABNORMAL FINDINGS
CBC		
Cardiovascular		
Pulses		
Heart		
Lungs		
Skin		
E.N.T.		
Gastrointestinal		
Musculoskeletal		
Neurological		
Other		

Has student been diagnosed with any chronic/serious medical condition(s)? (Ex. Diabetes, hypertension, seizure disorders, etc.?) **Yes** **No** **If yes, please list:**

Has student been diagnosed with any psychiatric/mental condition(s)? (Ex. Bipolar, depression, chemical dependency, etc.) **Yes** **No** **If yes, please list:**

Are the above conditions being presently controlled or treated? **Yes** **No** **If yes, please describe:**

Is student taking any prescribed medications on a regular basis? **Yes** **No** **If yes, please list:**

Has the student had chicken pox? **Yes** **No** **Unknown**
 If yes, do you recommend a varicella titer to ensure immunity? **Yes** **No**
 If unknown, proof of immunization or positive titer is required.

On the basis of the examination on this day, I approve this student's participation in Health Science Clinicals.
 Yes **No** **Limited** **If limited, comment is required.** _____

Physician's PRINTED Name, Address, and Phone Number	
Physician's Signature:	Date:
<p style="font-size: small;">For the purpose of determining eligibility for my educational experiences, I hereby give my permission for the Division of Health Sciences to contact the Physician who completed this health form for further information if needed. I understand that this form may be duplicated for a clinical agency upon request. NOTE: Additional medical examinations and a specific release from a physician may be required any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) if it is deemed necessary for the faculty to evaluate your state of health.</p>	
_____	_____
Student's Signature	Date

H. COUNCILL TRENHOLM STATE COMMUNITY COLLEGE

EMS Program- Essential Functions

The Alabama College System endorses the Americans' with Disabilities Act. In accordance with H. Councill Trenholm State Community College Policy, when requested accommodations may be provided for individuals with disabilities. The essential functions below are necessary for EMS program admission, progression and graduation and for the provision of safe and effective patient care. The essential functions include but are not limited to the ability to:

- 1) Sensory Perception
 - a) Visual (or without corrective lenses)
 - i) Observe and discern subtle changes in physical conditions and the environment
 - ii) Visualize different color spectrums and color changes
 - iii) Read fine print in varying levels of light
 - iv) Read for prolonged periods of time
 - v) Read cursive writing
 - vi) Read at varying distances
 - vii) Read data/information displayed on monitors/equipment
 - b) Auditory
 - i) Interpret monitoring devices
 - ii) Distinguish muffled sounds heard through a stethoscope
 - iii) Hear and discriminate high and low frequency sounds produced by the body and the environment
 - iv) Effectively hear to communicate with others
 - c) Tactile
 - i) Discern tremors, vibrations, pulses, textures, temperature, shape, size, location and other physical characteristics
 - d) Olfactory
 - i) Detect body and odors in the environment
- 2) Communication/Interpersonal Relationships
 - a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from variety of social, emotional, cultural and intellectual backgrounds
 - b) Work effectively in groups
 - c) Work effectively independently
 - d) Discern and interpret nonverbal communication
 - e) Express one's ideas and feelings clearly
 - f) Communicate with others accurately in a timely manner
 - g) Obtain communications from a computer
- 3) Cognitive/Critical Thinking
 - a) Effectively read, write and comprehend the English language
 - b) Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical patient decisions in a variety of health care settings
 - c) Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
 - d) Satisfactorily achieve the program objectives
- 4) Motor Function
 - a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
 - b) Move, position, turn, transfer, assist with lifting or lift and carry clients without injury to clients, self or others
 - c) Maintain balance from any position
 - d) Stand on both legs
 - e) Coordinate hand/eye movements
 - f) Push/pull heavy objects without injury to client, self or others
 - g) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
 - h) Walk without a cane, walker or crutches
 - i) Function with hands free for patient care and transporting items
 - j) Transport self and client without the use of electrical devices
 - k) Flex, abduct and rotate all joints freely
 - l) Respond rapidly to emergency situations
 - m) Maneuver in small areas
 - n) Perform daily care functions for the client
 - o) Coordinate fine and gross motor had movements to provide safe effective patient care
 - p) Calibrate/use equipment
 - q) Execute movement required to provide patient care in all health care settings
 - r) Perform CPR and physical assessments
 - s) Operate a computer

- 5) Professional Behavior
 - a) Convey caring, respect, sensitivity, tact ACCUPLACERion, empathy, tolerance and a healthy attitude toward others
 - b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
 - c) Handle multiple tasks concurrently
 - d) Perform safe, effective patient care for clients in a caring context
 - e) Understand and follow the policies and procedures of the College and clinical agencies
 - f) Understand the consequences of violating the student code of conduct
 - g) Understand that a direct threat to others is unacceptable and subjects one to discipline
 - h) Meet qualifications for licensure by examination as stipulated by the NREMT (National Registry Emergency Medical Technology)
 - i) Not to pose a threat to self or others
 - j) Functions effectively in situations of uncertainty and stress inherent in providing patient care
 - k) Adapt to changing environments and situations
 - l) Remain free of chemical dependency
 - m) Report promptly to clinical and remain for 6-12 hours on the clinical unit
 - n) Provide patient care in an appropriate time frame
 - o) Accepts responsibility, accountability, and ownership of one's actions
 - p) Seek supervision/consultation in a timely manner
 - q) Examine and modify one's own behavior when it interferes with patient care or learning

STUDENT VERIFICATION

Read the declarations below and sign only one option. If you are unable to fully meet any criterion, you will need to direct your request to the Coordinator of Disability Services.

____ I have reviewed the Essential Functions for this program and I certify that to the best of my knowledge I currently have the ability to fully perform these functions. I understand that further evaluation of my ability may be required and conducted by the EMT faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program.

____ I have read the Essential Functions for this program and I currently am unable to fully meet the items indicated without accommodations. I am requesting the following reasonable accommodations: (use additional sheet if needed)

Student Signature

Date

Print Name

SS#

PHYSICIANS VERIFICATION

Is this person's mental and physical health sufficient to perform the classroom and clinical duties of an EMT student? Upon Admission to program must be signed by physician.

Yes ____ No ____ If no, please explain (use additional sheet if needed)

MD Signature

Date

Printed Name

HEALTH POLICIES

Annual Physical Examination and Technical Standards Verification Students are required to submit verification of an annual physical examination and verification of technical standards on forms prescribed by the College. These forms must be completed in their entirety and must be signed by a practicing physician, nurse practitioner or physician assistant. No other form will be accepted. If you respond less than 100 percent to any criterion in the technical standards section, an explanation and/or additional information will be required. You may ask for reasonable accommodation; the Director of Allied Health will determine if the accommodations can be met. Forms to be completed may be obtained from an EMS advisor. The physical examinations are at the student's own expense.

Hepatitis B Vaccine

All students admitted to programs of study in the Allied Health Division are required to receive the Hepatitis B vaccine. The vaccine is a series of three injections. The student must have the first injection prior to participating in clinical experiences. The second injection must be received two months after the initial vaccination, and the third injection must be received six months after the first vaccination.

Communicable Disease Policy

Students entering any program in the Allied Health Division must be aware that they may be exposed to various contagious diseases during their clinical education and career. Precautions to be taken are outlined in the introductory patient care courses. Students are required to make use of any protective devices available and are required to use universal precautions.

Upon diagnosis of a communicable disease(s) (i.e., chicken pox, measles, flu, etc.), students must contact the clinical instructor immediately. Based upon current medical knowledge, the instructor will make judgment of communicability and advise the student regarding attendance.

Students in all health care programs must comply with Public Law #102-141, Section 633 and "The Alabama Infected Health Care Worker Management Act."

The law requires that the HIV or HBV infected health care worker report to the State Health Officer his/her condition within 30 days of the time he/she is aware of his/her infection. The infected health care worker must realize that any physician providing care to any infected health care worker must notify the State Health Officer of the infected status within seven days of the time he/she diagnoses or provides such care.

Injury, Exposure Incidents, or Accidents during Clinical

If you or a patient is injured, has an exposure incident or accident during clinical experiences (needle stick, back injury, etc.), you must:

1. Wash the site completely with soap and water.
2. Notify your clinical instructor immediately, and notify the EMS Department with 24 hours of injury, exposure incident, or accident.
3. Report the injury to the appropriate on-site supervisor.
4. Complete the incident report provided in this Clinical Notebook and any reports required by the clinical unit.

You will be referred to the hospital's Emergency Department to be examined by a physician. The hospital will provide immediate care. *The student is responsible for all expenses charged by the clinical facility in rendering medical care.*

H. Councill Trenholm State Community College Registration Process for New Students

Steps 1 – 3 should be completed prior to Registration Day, IF NOT – GO TO ADMISSIONS!

Step 1 ADMISSIONS: Bldg. C (Patterson Campus) Bldg. F (Trenholm Campus)

- Complete “Application for Admission”
- Provide copy of Alabama Driver’s License (residency requirement)
- Mail Transcript Request form to high school and every college/university previously attended
- Submit official GED transcript (if applicable)
- If you have college level English and math (transfer credit) - SKIP Step 3

Step 2 FINANCIAL AID (IF NEEDED): Bldg. C (Patterson Campus) Bldg. F (Trenholm Campus)

- Students receiving Financial Assistance **MUST** verify that funds have been awarded before registration.
- If you are eligible to receive official GED and/or college/university transcripts on file in the Admissions and Records Office prior to registration. If transcripts are not on file funds may not be awarded.**

Step 3 ACCUPLACER ASSESSMENT: Library Tower

- Take ACCUPLACER Assessment and receive copy of scores. (See **ACCUPLACER Info Sheet**)
- Before taking the ACCUPLACER Assessment you **MUST** have a completed Admissions Application on file in the Admissions and Records Office.

Complete Steps 4 – 7 on the day of Registration:

Step 4 REGISTRATION: New Students who have completed Steps 1-3 may report to Faculty Advisor on the campus where their program of study is located. You will be directed to the appropriate program/department to complete Step 5. If you have not completed Steps 1-3 GO DIRECTLY TO THE ADMISSIONS AND RECORDS OFFICE.

Step 5 ADVISEMENT/DATA INPUT:

- Meet with a Faculty Advisor in your program of study to register for classes. You will receive a printed schedule. Check the schedule to verify that the courses are correct!

REGISTRATION IS NOT FINAL AT THIS POINT!!

Step 6 BOOKSTORE: Bldg. C (Patterson Campus) Bldg. F (Trenholm Campus)

- Take printed schedule to Bookstore to pay tuition/fees (**Cash, Visa or Mastercard ONLY**) and/or have your schedule validated if you are receiving Financial Aid. **If you do not complete this step your schedule will be deleted and you will have to register again!**

YOU ARE NOT OFFICIALLY REGISTERED UNTIL YOU COMPLETE THIS STEP!!

Step 7 ORIENTATION:

- New Students **MUST** register for Orientation to College (ORI-101) during their first semester at Trenholm State. See Class Schedule for available options when registering for courses.

Additional things a new student must do:

- Purchase Books/Supplies: Online Bookstore (Log in through MyTrenholm Portal)**
Books/supplies will be available for purchase on the first day of class. Self-paying students may purchase books and/or supplies at any time. Students receiving **any** financial assistance must attend class **FIRST**, receive an “Attendance Verification” (Pink Form) from their instructor, take the form to the Bookstore on the campus you are attending, then sign for books and/or supplies.
- Receive parking decal - Bookstore
- New Student ID Cards – look for posted schedule. To obtain an ID Card, students must be currently enrolled, **MUST** show picture ID, a validated schedule, and/or receipt in order to obtain a Trenholm State Student ID. Returning students may obtain stickers at this time or from the Admissions Office on either campus. Additional days/times will be posted.

TrenholmState

H. Councill Trenholm State Community College

Financial Aid Contact List For Patterson & Trenholm Campus

Betty Edwards
Director of Financial Aid
e-mail: bedwards@trenholmstate.edu

All offices can be reached by calling 334-420-4300

Financial Aid Office Patterson Campus

Martha Arrington.....334-420-4292
Assistant Director of Financial Aid
e-mail: marrington@trenholmstate.edu

Linda Greene....334-420-4322
VA Certifying Officer/Financial Aid Assistant
e-mail: lgreene@trenholmstate.edu

Financial Aid Office Trenholm Campus

Lisa Lilley.....334-420-4317
Financial Aid Counselor
e-mail: flilley@trenholmstate.edu

College Code for Pell Grant Application

Please be sure to use the code listed below when completing the FAFSA.

Trenholm State Community College School Code: 005734

(This School Code is the same for Patterson Campus and Trenholm Campus)

You may apply online at www.FAFSA.ed.gov or print out the paper application and mail it to the central processor.

Please feel free to visit the Financial Aid Office between the hours of 7:30 am to 5:30 pm Monday – Thursday or 7:30 - 11:30 am on Friday

The 2016/17 Free Application for Federal Student Aid (FAFSA)

How to File:

You may choose one of the following three (3) ways to file a Free Application for Federal Student Aid (FAFSA) for the 2016 Fall, 2017 Spring and/or the 2017 Summer term.

Filing Options

1. Apply online at www.FAFSA.ed.gov (Recommended) or
2. Complete and mail PDF FAFSA or
3. Request a paper FAFSA by calling the Federal Student Aid Information Center at 1-800-4FED-AID (1-800-433-3243 or 1-319-337-5665. If you are hearing impaired, please contact the TTY line at 1-800-730-8913.

Complete a PDF FAFSA

FAFSA (2016-17)	English and/or Espanola versions
FAFSA (Black and White)	http://federalstudentaid.ed.gov/fafsa/fafsa_options.html
FAFSA (Negro y Blanco)	

Disclaimer: Visually impaired users with screen reader software may experience difficulty entering data into the answer boxes. You may download and print the PDF or log on to www.FAFSA.ed.gov to complete the application electronically.

Viewing a PDF FAFSA

To view the PDR FAFSA, you must have Adobe Acrobat Reader version 6 or higher installed on your PC. You can download a free Adobe Reader at Adobe's Web Site.

Printing a PDF FAFSA

To print a PDF FAFSA file from within your reader, we recommend you use the PDF's print button rather than the browser's print function.

Help

For questions about the FAFSA, call the Federal Student Aid Information Center at 1-800-4-FED-AID (1-800-433-3243) or 1-319-337-5665. If you are hearing impaired and have questions, please contact the TTY line at 1-800-730-8913.

Priority Dates for filing for Federal Financial Assistance

REMEMBER TO FILE EARLY! The priority dates for filing the Free Application for Federal Student Aid (FAFSA) each year are: July 15 for the upcoming Fall Semester, November 15 for the upcoming Spring Semester and April 15 for the upcoming Summer Term.

NON-DISCRIMINATION POLICY

It is the policy of the Alabama Department of Postsecondary Education and H. Councilll Trenholm State Community College that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.