

TRiO / STUDENT SUPPORT SERVICES

OF **PENSACOLA STATE COLLEGE**

**APPLICATION FOR SERVICES**

Program Eligibility (For office use only)

Yes \_\_\_\_\_ No \_\_\_\_\_

Reason \_\_\_\_\_

Director Approval \_\_\_\_\_ Date \_\_\_\_\_

Student Support Services is a federally funded program that provides academic support to a limited number of those who qualify. Acceptance of this application does not guarantee acceptance into the program.

Term Desiring Entrance to Student Support Services: \_\_\_\_\_

PSC is an affirmative action/equal opportunity institution.

**I. Demographic Data**

1. Name: \_\_\_\_\_ PSC ID \_\_\_\_\_  
(First) (MI) (Last)

Preferred Name: \_\_\_\_\_ Email: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Preferred Cell or Home Phone #: \_\_\_\_\_ \*Is it ok to text? Yes \_\_\_ No \_\_\_

5. Date of Birth: \_\_\_\_\_ 6. Preference for communication: Text \_\_\_ Phone \_\_\_ Email \_\_\_

7. Marital Status:  Single  Married  Separated  Divorced  Widowed

8. Ethnicity: Hispanic or Latino? Yes \_\_\_ No \_\_\_

9. Please check all that apply: Veteran \_\_\_ Homeless \_\_\_ Foster Care \_\_\_ Active Military \_\_\_

10. Race: **Select all that apply** (more than one race may be reported)

\_\_\_ American Indian or Alaskan Native \_\_\_ Black or African American  
\_\_\_ White \_\_\_ Asian \_\_\_ Native Hawaiian/Pacific Islander

11. Is English your first language? Yes  No  If not, what is your first language? \_\_\_\_\_

12. U.S. Citizen? Yes \_\_\_ No \_\_\_ Resident Alien? \_\_\_\_\_ RA# \_\_\_\_\_

13. Place of Employment: \_\_\_\_\_ Hours Worked Per Week? \_\_\_\_\_

14. Colleges attended before, including PSC: \_\_\_\_\_

15. How did you hear about SSS or who referred you? Faculty/Staff \_\_\_\_\_

TRiO Staff \_\_\_\_\_ Other \_\_\_\_\_

Friends/Family/Students \_\_\_\_\_

16. Do you already have an Associate's degree or higher qualification? Yes \_\_\_ No \_\_\_

17. What degree are you pursuing at PSC? \_\_\_\_\_

**II. Prior Trio Participation**

18. If you **have** been in a TriO Program, check all that apply.

Educational Talent Search \_\_\_ Educational Opportunity Center \_\_\_ Student Support Services \_\_\_  
Veteran's Student Support Services \_\_\_ Veteran's Upward Bound \_\_\_

**III. First Generation Documentation**

19. Have either of your parents or custodial/legal guardians, with whom you lived, received a Bachelor's Degree (4-year) in the U.S.? \_\_\_ Yes \_\_\_ No

#### IV. Income Eligibility Documentation

20. Are you under 24 years of age? Yes \_\_\_ No \_\_\_ Single? Yes \_\_\_ No \_\_\_ Children? Yes \_\_\_ No \_\_\_  
21. My annual **TAXABLE** income for last year was: \_\_\_\_\_ # in family/household \_\_\_\_\_  
My family's annual **TAXABLE** income for last year was: \_\_\_\_\_ # in family/household \_\_\_\_\_

Student Signature: \_\_\_\_\_

#### V. Physical/Learning Disability Documentation

22. Do you have a physical or learning disability which requires special accommodations for you to succeed academically, and about which you would like to voluntarily give information for purposes of coordinating our services with the Student Resource Center for ADA Services, if appropriate? \_\_\_ Yes \_\_\_ No

#### VI. Needs Assessment

23. Check the services you need:
- |                               |                         |                           |
|-------------------------------|-------------------------|---------------------------|
| ___ Academic Advisement       | ___ Career Counseling   | ___ College Success Skill |
| ___ Tutoring                  | ___ Transfer Counseling | ___ Mentoring             |
| ___ Financial Aid Information | ___ Personal Counseling | ___ Peer Counseling       |

#### VII. Motivational Assessment

24. Why do you wish to be a participant in SSS? \_\_\_\_\_

#### VIII. Student Release

25. **Confidentiality Statement:** All information provided is kept confidential and is shared among the SSS staff and other college officials only on a need-to-know basis. The following limits to confidentiality apply: when child/elder abuse is disclosed, when a threat to self or others is disclosed, or when records are legally subpoenaed.

**Affidavit/Release of Information:** I certify that the information I have provided on this application is, to the best of my knowledge, complete and accurate. I hereby authorize the SSS program and all other appropriate college departments, including Financial Aid, to share academic and financial aid records that will help in assessing my academic and career planning needs. I understand, in order to confirm or facilitate transfer and graduation, my information may be shared by or with other postsecondary institutions or organizations, such as the National Student Clearinghouse. I also authorize the SSS program to print my name and photograph, as appropriate in articles in the SSS newsletter and promotional materials.

Date \_\_\_\_\_

Students Signature \_\_\_\_\_

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, U.S.C. 552a), you are hereby notified that the Department of Education is authorized to collect information to implement the Student Support Services program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, Sec. 402D). In accordance with this authority, the Dept receives and maintains personal information on participants in the SSS program. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing the information on this form, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of their official duties.

Pensacola State College does not discriminate against any person on the basis of race, ethnicity, national origin, color, gender/sex, age, religion, marital status, disability, sexual orientation or genetic information in its educational programs, activities or employment. For inquiries regarding nondiscrimination policies, contact the Associate Vice President of Institutional Diversity at 850-484-1759, Pensacola State College, 1000 College Blvd., Pensacola, FL 32504.

Date: \_\_\_\_\_

Parent/guardian signature (required for dependent students)

#### For Official Use Only

FL ___	Major ___	DSS ___	FAT ___
F ___	CE ___	Award ___	Notes _____
L ___	GPA ___	Fam. # ___	_____
D ___	SAP ___	Income ___	_____
DL ___			_____

**ATTENTION APPLICANTS:** We need a copy of your **Last Year's Income Tax Form (1040)** to show your taxable income or your most recently completed FAFSA. Additionally, **if you are under age 24, we need your parent/guardian's signature on the back as well as a copy of their Income Tax Return or your FAFSA.**

**PLEASE ANSWER ALL QUESTIONS ON THE FORM.**

We cannot process your application without all the information requested.

If you have any questions, we can be reached at (850) 484-2028.

Our fax number is (850) 484-2032.

Thank You

Bldg. 6 Room 620

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