

TRiO / STUDENT SUPPORT SERVICES

OF *PENSACOLA STATE COLLEGE*

APPLICATION FOR SERVICES

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.

Program Eligibility? **(For office use only)**

Yes _____ No _____

Reason _____

Director Approval _____ Date _____

I. Demographic Data

1. Name: _____ S.S.# _____
(First) (MI) (Last)

Preferred Name: _____ I.D. # _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Home Phone: _____ Cell Phone: _____

5. Date of Birth: _____ 6. Pirate E-mail _____

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 ___

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. Name, City, State of High School: _____ Graduation or GED Date: _____

15. Colleges Attended Before: _____

16. Attended PSC Before This Term? ___ Yes ___ No 17. Academic Level: ___ Freshman ___ Sophomore

18. How did you hear about SSS or who referred you? _____

19. What is your major? _____

20. Do you already have an Associate of Arts degree or higher qualification? ___ Yes ___ No

21. What degree are you pursuing at PSC? ___ Associate of Arts ___ Associate of Science ___ Certificate

II. Prior Trio Participation

22. Have you been in a TriO Program? Yes ___ No ___

23. If yes, which one: Educational Talent Search ___ Educational Opportunity Center ___
Veterans Upward Bound ___ Upward Bound (Math/Science) ___

For Official Use Only

FL _____ Major _____ Need _____ DSS _____
F _____ CE _____ Award _____ FAT _____
L _____ GPA _____ Income _____ NOTES _____
D _____ SAP _____ # Farm _____
DL _____

III. First Generation Documentation

23. Have either of your parents or custodial/legal guardians, with whom you lived, received a Bachelor's Degree (4-year) in the U.S. before your 18th birthday? Yes No

IV. Income Eligibility Documentation

24. Are you: a dependent -or- independent

25. My annual family **TAXABLE** income for last year was: _____ # in family/household _____

Date: _____
Student Signature

My annual family **TAXABLE** income for last year was: _____ # in family/household _____

Date: _____
Parent/guardian signature (required for dependent students)

V. Physical/Learning Disability Documentation

26. 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

27. Check the services you need:

<input type="checkbox"/> Academic Advisement	<input type="checkbox"/> Career Counseling	<input type="checkbox"/> College Success Skill
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Transfer Counseling	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Financial Aid Information	<input type="checkbox"/> Personal Counseling	

VII. Motivational Assessment

28. Why do you wish to be a participant in SSS? _____

29. Describe your short term goals: _____

30. Describe your long term goals: _____

VIII. Student Release

31. **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 to obtain 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 with other postsecondary institutions. 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.

ATTENTION APPLICANTS: We need a copy of your **Last Year's** Income Tax Form (1040) to show your taxable income. 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.**

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

Building 6 Room 620

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