



CHIPOLA COLLEGE



TRiO



STUDENT SUPPORT SERVICES

APPLICATION FOR SERVICES

| | |
|---|--------------------|
| Term Desiring Entrance to Student Support Services: _____ | |
| (For office use only) | |
| Program Eligible? | 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. Chipola College is an affirmative action/equal opportunity institution.

I. Demographic Data

- SS#: _____ 2. Name: _____ Preferred Name: _____
(First) (MI) (Last)
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Home Phone: _____ Work Phone: _____ Cell Phone: _____
- Date of Birth: _____ 7. Personal E-mail: _____
- Marital Status: Single Married Separated Divorced Widowed 9. Sex: Male Female
- Ethnicity: ___ American Indian or Alaskan Native ___ Hispanic or Latino
___ Asian ___ White
___ Black or Africa American ___ Native Hawaiian/Pacific Islander
___ More than one race reported
- Is English your first language? Yes No If no, what is your first language? _____
- U.S. Citizen? ___ Yes ___ No Resident Alien? _____ RA#: _____
- Place of Employment: _____ Hours Worked Per Week? _____
- Name, City, State of High School: _____ Graduation or GED Date: _____
- Colleges Attended Before: _____
- Attended CC Before This Term? Yes No
- How did you hear about SSS or who referred you? _____
- What is your Major: _____ Academic Level: ___ Freshman ___ Sophomore
- Do you already have an Associate of Arts degree or higher qualification? ___ Yes ___ No
- What degree are you pursuing at CC? ___ Associate of Arts ___ Associate of Science
- If seeking an AA degree, to what college/university do you plan to transfer? _____

II. Prior Trio Participation

- Were you a Talent Search (TS) student in middle school or high school? ___ Yes ___ No

III. First Generation Documentation

- 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

- Have you applied for Financial Aid? Yes _____ No _____
If yes, please check: I have been awarded I have not heard yet I am in the process of verification I am in the appeal process
- I have received my award letter and will be receiving?
 Pell Bright Futures Take Stock in Children CC Foundation Scholarship
 FSAG (FL Student Assistant Grant) Unsubsidized Student Loan Subsidized Student Loan
 *SEOG (Supplemental Educational Opportunity Grant) Other, please specify _____

*All students in Student Support Services are required to apply for financial aid.



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IV. Income Eligibility Documentation, cont'd.

26. Are you: ___ a dependent or ___ independent?

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

Student Signature _____ Date _____

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

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

V. Physical/Learning Disability Documentation

27. 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 Disability Support Services office if appropriate? ___ Yes ___ No

If answered Yes...

1.) What is your disability? _____

2.) Have you signed up with the Disabilities Office in Bldg. A, Room 104 Yes No?

(*A copy of any document that states the type/extent of your disability must be attached to this application or on file in the Disabilities Office if you desire any form of accommodation.)

VI. Needs Assessment

28. Check the services you need:

- ___ Academic Advisement ___ Career Counseling ___ College Success Skills
___ Tutoring ___ Transfer Counseling ___ Mentoring
___ Financial Aid Information ___ Personal Counseling

VII. Motivational Assessment

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

30. Describe your short term goals:

31. Describe your long term goals:

VIII. Student Release

32. 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.

Signature of Student _____

Date _____



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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 of the application 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) 718-2431 or our fax number is (850) 718-2461.

Thank You!

