



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 qualified students. Acceptance of this application does not guarantee acceptance into the program. *Chipola College is an affirmative action/equal opportunity institution.*

### I. Demographic Data

1. Chipola# : \_\_\_\_\_ 2. Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
(First) (MI) (Last)
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_ 7. Personal E-mail: \_\_\_\_\_
8. Sex: Male \_\_\_\_\_ Female ☐ ☐
9. Ethnicity: \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Asian \_\_\_\_\_ White  
\_\_\_\_\_ Black or Africa American \_\_\_\_\_ Native Hawaiian/Pacific Islander  
\_\_\_\_\_ More than one race reported
10. Is English your first language? Yes ☐ No ☐ If no, what is your first language? \_\_\_\_\_
11. U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No Resident Alien? \_\_\_\_\_ RA#: \_\_\_\_\_
12. Place of Employment: \_\_\_\_\_ Hours Worked Per Week? \_\_\_\_\_
13. Name, City, State of High School: \_\_\_\_\_ Graduation or GED Date: \_\_\_\_\_
14. Colleges Attended Before: \_\_\_\_\_
15. Attended CC Before This Term? Yes ☐ No ☐
16. How did you hear about SSS or who referred you? \_\_\_\_\_  
\_\_\_\_\_
17. What is your Major: \_\_\_\_\_ Academic Level: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore
18. Do you already have an Associate of Arts degree or higher qualification? \_\_\_\_\_ Yes \_\_\_\_\_ No
19. What degree are you pursuing at CC? \_\_\_\_\_ Associate of Arts \_\_\_\_\_ Associate of Science
20. If seeking an AA degree, to what college/university do you plan to transfer? \_\_\_\_\_

### II. Prior Trio Participation

21. Were you a Talent Search (TS) student in middle school or high school? \_\_\_\_\_ Yes \_\_\_\_\_ No

### III. First-Generation Documentation

22. 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 18<sup>th</sup> birthday?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

### IV. Income Eligibility Documentation

23. 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
24. 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.**

### IV. Income Eligibility Documentation, cont'd.



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25. 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

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 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

27. Check the services you need:

\_\_\_ Academic Advisement

\_\_\_ Career Counseling

\_\_\_ College Success Skills

\_\_\_ Tutoring

\_\_\_ Transfer Counseling

\_\_\_ Mentoring

\_\_\_ Financial Aid Information

\_\_\_ 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.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date