

TRiO

Student Support Services

Application for Services

Student Support Services (SSS) is a federally-funded TRiO Program under the U. S. Department of Education that aids students in graduating from college. Program participants must meet certain requirements set forth by the Department of Education. To determine eligibility, please complete the entire application and submit required documentation. **Incomplete applications will not be considered.** The information you provide is strictly CONFIDENTIAL. Demographic Information will be used in a non-discriminatory manner, consistent with applicable Civil Rights Laws. This information will be used only for Federal and State law reporting purposes.



DEMOGRAPHIC INFORMATION

Student ID# _____ Social Security Number _____

Date of Birth _____ Sex Male Female
MM / DD / YYYY

Name _____
Last First Middle

Mailing Address _____
Street/P.O. Box
City State Zip Code

E-mail Address _____@EACC.EDU Date of Application _____
We will be using this as well as your mailing address
and phone number to notify you of program events and activities.

Home Phone _____ Work Phone _____ Cell Phone _____

Ethnic Background African American Native American
 Caucasian/White Asian/Pacific Islander
 Hispanic or Latino Other (specify) _____

OFFICE USE ONLY

Accepted Denied

Comments

Director's Signature Date

ELIGIBILITY REQUIREMENTS

- 1. Are you a U. S. Citizen (or permanent resident alien—Alien Reg. # _____)?
2. Have either of your parents (custodial/legal guardians) received a Bachelor's Degree (4-year) in the U.S. before your 18th birthday?
3. Do you or will you receive the Federal Pell Grant?
4. Do you have a documented disability?
5. Are you enrolled in at least 12 credit hours?
6. Do you meet any of the academic needs listed below?

- First-time Freshman, Undecided transfer plans, Failing grade(s) in coursework, Less than 2 years of high school Science, Less than 2 years of high school Algebra, Dislocated Worker, Cumulative GPA of less than 2.00 (high school or college), Undecided college major, Low Compass/Asset / ACT Test Scores, GED Diploma/High School Equivalency, Instructor/Staff Referral, Out of academic pipeline for five or more years, Grade of "C" or less in pre-requisite course of subject to be tutored

EDUCATIONAL INFORMATION

Which do you plan to earn from EACC? Degree Certificate
What is your major?

Do you plan to transfer to a 4-year college/university? Yes No Name of College/University

Cumulative Grade Point Average GPA _____

Academic Level 1st year (30 cumulative hours or fewer) 2nd year (30 cumulative hours or more)

Initial Entry Date at EACC _____ (if prior to completing this application)

How many course hours have you completed? _____

How do you plan to pursue your course work? Full time Part time Less than part time

Have you attended any other colleges or universities? Yes No

School Name/Location MM/Year Began MM/Year Ended

Have you participated in any other TRiO programs? (Check all that apply.)

- Upward Bound, Talent Search, Educational Opportunity Center, McNair Scholars, Student Support Services, Location of Participation _____

High School _____ City _____ State _____

Graduated Yes No Year _____ GED Yes No Year _____

PROGRAM PARTICIPANT CONTRACT

The SSS Program will provide you with several services.

- an assigned mentor to provide you with individual, personal attention.
- educational, personal, and/or career assessment.
- transfer assistance and campus visits to four-year institutions.
- assistance for students with disabilities.
- tutoring.
- workshops.
- enrichment opportunities.
- educational resources and materials.
- scholarship information.

In exchange for these services, you are agreeing to abide by each of the following (Please read each statement carefully and place your initials in the spaces provided.)

_____ Attend classes regularly

_____ See your SSS mentor at least once per month during the fall and spring semesters and upon request in his/her office.

_____ Participate in SSS activities and workshops

_____ Inform your SSS mentor of any difficulties you might be having that have the potential to negatively impact your academic goals.

_____ Be actively involved in your education

RELEASES

If accepted into the SSS Program, I understand that I am committing myself to high academic standards and complete involvement and engagement with my education and goals. I will strive for 100% CLASS ATTENDANCE, 100% CLASS COMPLETION, and a MINIMUM GRADE POINT AVERAGE OF 2.00.

I give SSS staff permission to inquire about my class attendance, class performance, tutoring sessions, grades, and any information that might assist them in helping me to meet my goals. I give my instructors permission to release such information when requested by SSS staff. If I fail to uphold these agreements, I understand that I can be removed from the program.

I authorize SSS staff to gather information concerning all my academic progress and financial aid information (including income tax information) prior to my participation in the program. I understand that this information is used to help determine my eligibility for the program and will be kept strictly confidential. I grant permission to SSS staff to gather information for follow-up whenever appropriate, including, but not limited to, transfer and progress to four-year institutions. I understand that SSS must release my information for Federal reporting requirements. I certify that the information I have provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify information.

I hereby authorize the use of my photographic image in any and all publications produced by SSS staff and to use my name and certain information for promoting the SSS program.

I am aware that personal information provided to SSS will be protected under the Federal Education Rights and Privacy Act (FERPA) of 1974. No one will have access to this information unless they work with the SSS Program or are specifically authorized to see the information.

Student Signature _____ Date _____

To submit: click download, save, and email to rwatson@eacc.edu
Please DO NOT print and send as a photo.