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 MM	/ DD / YYYY	Sex	□ Male	☐ Female	
Last	First Mic				Middle
	Street/P.O. Box				
	City	State			Zip Code
We wil	l be using this as well as your mailing a one number to notify you of program	ddress	ate of Appli	cation	
Home Phone	Work Ph	one	Cell	Phone	
Ethnic Background	□ African American		Γ	□ Native American	
□ Caucasian/White □ Hispanic or Latino				☐ Asian/Pacific Islande ☐ Other (specify)	
		OFFICE USE ONLY			
	Accepted	Ľ	Denied		
	Comments				
TRiO	Director's Signa	iture	Date		

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ELIGIBILITY REQUIREMENTS

□ Yes □ No 1. Are you a U. S. Citizen (or permanent resident alien–Alien Reg. # ? □ Yes □ No 2. Have either of your parents (custodial/legal guardians) received a Bachelor's Degree (4-year) in the U.S. before your 18th birthday? □ Yes □ No 3. Do you or will you receive the Federal Pell Grant? □ Yes □ No 4. Do you have a documented disability? \square Yes \square No 5. Are you enrolled in at least 12 credit hours? \square Yes \square No 6. Do you meet any of the academic needs listed below? □First-time Freshman □Undecided college major □Undecided transfer plans □ Low Compass/Asset / ACT Test Scores □GED Diploma/High School Equivalency □Failing grade(s) in coursework Less than 2 years of high school Science □Instructor/Staff Referral Less than 2 years of high school Algebra □Out of academic pipeline for five or more years Grade of "C" or less in pre-requisite course of subject to be tutored Dislocated Worker Cumulative GPA of less than 2.00 (high school or college)

EDUCATIONAL INFORMATION

Which do you plan to earn from EAC	C? Degree	Certificate						
What is your major?								
Do you plan to transfer to a 4-year coll	ege/university? □Yes	□No	Name of College/University					
Cumulative Grade Point Average GPA	۱							
Academic Level 🗆1 st year (30 cumulat	ive hours or fewer)) $\Box 2^{nd}$ year (30 cumulative hours or more)						
Initial Entry Date at EACC	(if pr	(if prior to completing this application)						
How many course hours have you com	pleted?							
How do you plan to pursue your course work? Full time Part time Less than part time								
Have you attended any other colleges of	or universities?	□No						
School Name/Location	MM/Y	lear Began	MM/Year Ended					
Have you participated in any other TR		that apply.)						
□ Upward Bound □ Talent Search	□ Educational Opport	unity Center	□ McNair Scholars					
□ Student Support Services	Location of Participation	on						
High School	City _		State					
Graduated 🗆 Yes 🛛 No Year	GED	🗆 Yes 🗆 No	Year					

PERSONAL NEEDS ASSESMENT

My academic goal is

In order to reach this goal, I must

I could use help in the following areas

Academic Reading Math English Chemistry/Physics Biology Academic Related

Note Taking
Writing Skills
Test Taking
Math Anxiety
Attendance Issues
Study Skills

Career
Choosing a Major
Choosing a Career
Transfer Assistance
Career/Job Assistance

□ Lack of support from friends

□ Transportation

□ Other __

Personal

Stress Management
Time Management
Self-Esteem
Financial Management
Motivation
Goal Setting
Problem Solving

□ Other _____

What obstacle(s) might challenge you in completing your academic goals? Check all that apply.

□ Childcare

- □ Lack of support from family
- □ Single parent issues
- □ Inadequate finances

Educational Motivation

Check TRUE or FALSE for the following.

- T F
- \Box I know how to take good notes in class.
- □ □ I spend two hours studying for every hour I am in class during the week.
- \Box I study at home.
- □ □ I am quite confident regarding my college success.
- □ □ Sometimes I have skipped a semester or withdrawn.
- □ □ I am clear and focused on my career directions.
- □ □ Sometimes I find it hard to either study or concentrate.
- □ □ Understanding and remembering what I have read are fairly easy for me.
- □ □ I finish assignments on time.
- □ □ I am usually able to solve personal problems on my own.
- □ □ I manage my time effectively.
- □ □ Sometimes I feel a need for more social or academic support in college.
- \Box \Box I have a lot of responsibilities.
- \Box High school was an enjoyable experience for me.
- \Box It is up to my instructor whether or not I will learn.
- \Box \Box Good grades are a matter of luck and timing.
- \Box \Box I am not easily frustrated.
- $\hfill\square$ $\hfill\square$ I have set a goal to do well in college.
- □ □ I have employment responsibilities.
- □ □ I have family responsibilities.

Academic Concerns

Check all statements which express how you feel.

□ I have no problem reading college-level textbooks.

□ Feeling out-of place—not comfortable in a college environment

- □ I would like to improve some of my academic skills.
- □ I am uncomfortable asking questions in class.
- □ I have difficulty writing papers.
- \Box I have math anxiety.
- \Box I have test anxiety.
- □ I use a calendar to track my exams, quizzes and assignments.
- \Box I read my syllabus for each class.
- \Box I learn best by actually doing something.
- \Box I learn best by listening.
- □ I learn best watching something being done.
- □ I see clearly how courses I take in college relate to my career goals.
- □ I would like to increase my vocabulary.
- \Box I am good in math.
- \Box I am good in reading.
- \Box I am good in English.
- □ I am familiar and comfortable with using the computer.

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 bthompson@eacc.edu Please DO NOT print and send as a photo.