



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

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

- ☐ 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

What is your major?

Name of College/University

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

School Name/Location	MM/Year Began	MM/Year Ended
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☐ Student Support Services Location of Participation _____

Graduated ☐ Yes ☐ No Year _____ GED ☐ Yes ☐ No Year _____

PERSONAL NEEDS ASSESMENT

Academic	Academic Related	Career	Personal
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Personal

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

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

☐ Childcare ☐ Transportation

- ☐ Transportation
- ☐ Lack of support from friends
- ☐ Feeling out-of place—not comfortable in a college environment
- ☐ Other _____

Academic Concerns

Check all statements which express how you feel.

- ☐ I have no problem reading college-level textbooks.
- ☐ I would like to improve some of my academic skills.
- ☐ I am uncomfortable asking questions in class.
- ☐ I have difficulty writing papers.
- ☐ I have math anxiety.
- ☐ I have test anxiety.
- ☐ I use a calendar to track my exams, quizzes and assignments.
- ☐ I read my syllabus for each class.
- ☐ I learn best by actually doing something.
- ☐ 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.
- ☐ I am good in math.
- ☐ I am good in reading.
- ☐ 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.