

SEMINOLE STATE COLLEGE  
**STEM Student Support Services Application**  
**Student Support Services Application**

\_\_\_\_\_  
**LAST NAME**                      **FIRST NAME**                      **M.I.**                      **DOB**

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_@student.sscok.edu                      Student ID: \_\_\_\_\_

**US CITIZEN:**  Yes,  No, **If not, are you a Permanent Resident?**  Yes  No

**ETHNICITY:** Do you identify as Hispanic or Latinx?  Yes  No

**RACE:** Select one or more.  American Indian/Alaskan Native  Black/African American  
 Asian  Native Hawaiian/Pacific Islander  White

**GENDER:**  Female  Male  Trans  Non-binary  Gender queer  Gender Non-conforming  
 Prefer not to say  Not listed \_\_\_\_\_ What are your pronouns \_\_\_\_\_

**ELIGIBILITY**

**Did either of your parent(s) or legal guardian(s) graduate with a bachelor's degree?**  Yes  No

If yes, was it before you turned 18 years of age?  Yes,  No Did you live with this person until you turned 18 years of age?  Yes  No

Have you completed the FAFSA?  Yes  No Are you currently receiving financial aid?  Yes  No

Financial Aid Dependency Status: Please select all that apply.  
 Both parents are deceased                       Have dependent Children  
 24 years of age or older                       Armed Services Veteran  
 Ward of the Court                       Married  
 None

\*If you selected "NONE" you are considered a **DEPENDENT** Student and must submit **one** of the following for your application to be complete: (1) a signed SSS Income Form from your parent or legal guardian, (2) a signed copy of your parent or legal guardian's 2022 tax form with TAXABLE Income, or (3) a signed Federal Aid Report with parent or legal guardian's income, size of family unit, and dependency status.

\*\* If you checked at least **ONE** of the options above, you are considered **INDEPENDENT** and can submit your own income information. **Please complete the statement below.**

- **INDEPENDENT** Student's 2022 TAXABLE Income \$ \_\_\_\_\_ # in family unit \_\_\_\_\_.

Have you obtained a college degree?  Yes  No

Which SSC Degree/Certificate are you pursuing? \_\_\_\_\_

Do you have a disability, either physical or learning, that is documented through the SSC Accessibility Services Office?  Yes  No

**Please check all the ways you have need and believe we can assist you:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Completing the FAFSA    | <input type="checkbox"/> Choosing a Major             | <input type="checkbox"/> Computer Lab/Printing                       |
| <input type="checkbox"/> Planning my Classes     | <input type="checkbox"/> Becoming involved in college | <input type="checkbox"/> Setting and achieving goals                 |
| <input type="checkbox"/> Planning for Transfer   | <input type="checkbox"/> A quiet place to study       | <input type="checkbox"/> Peer Mentoring                              |
| <input type="checkbox"/> Academic Support System | <input type="checkbox"/> Choosing a Career            | <input type="checkbox"/> Decision-Making                             |
| <input type="checkbox"/> Financial Literacy      | <input type="checkbox"/> Meeting new people           | <input type="checkbox"/> Academic Workshops                          |
| <input type="checkbox"/> Study/Learning Skills   | <input type="checkbox"/> Test Taking                  | <input type="checkbox"/> Tutoring: Please list all classes:<br>_____ |
| <input type="checkbox"/> Navigating College      | <input type="checkbox"/> Time Management              |  |

**Please check all the following in which you have high interest and would be beneficial for you to participate:**

- |   |   |
|---|---|
| <input type="checkbox"/> Tours of university campuses                     | <input type="checkbox"/> Learning Styles Online Program     |
| <input type="checkbox"/> Advisement that helps you plan for graduation    | <input type="checkbox"/> Grant Aid                          |
| <input type="checkbox"/> Cultural events                                  | <input type="checkbox"/> Leadership opportunities           |
| <input type="checkbox"/> Virtual Job Shadow Online Program                | <input type="checkbox"/> Scholarship Application Assistance |
| <input type="checkbox"/> Foundations of Financial Literacy Online Program | <input type="checkbox"/> Tutoring                           |

**Please check any of the following that describe you:**

- |   |  |
|---|--|
| <input type="checkbox"/> I have limited knowledge about college           | <input type="checkbox"/> I fear that I will not succeed in college                       |
| <input type="checkbox"/> I do not have much support from family/friends   | <input type="checkbox"/> I do not know people with knowledge about college               |
| <input type="checkbox"/> I do not know anyone else attending SSC          | <input type="checkbox"/> I need to ask questions but am afraid or do not know who to ask |
| <input type="checkbox"/> I do not know my preferred learning style        | <input type="checkbox"/> I have struggled to learn material or enjoy school in the past  |
| <input type="checkbox"/> I work over 20 hours per week                    |  |
| <input type="checkbox"/> I have been out of school for five years or more |  |

How did you hear about the program? \_\_\_\_\_

**Have you previously participated in:**

- Student Support Services  Upward Bound  FOCUS  NASNTI  GEAR UP

When? \_\_\_\_\_ Where? \_\_\_\_\_

Application Acknowledgement and Release of Information Agreement: I certify that the information I have provided on this application is, to the best of my knowledge, true and correct. Further, I authorize the Student Support Services Program/professional personnel to receive and/or release my records including, but not limited to, transcripts, financial aid documentation (ie. FAFSA, ISIR, SAP, default information, scholarships, unmet need) academic plans, class schedules, probationary/suspension information, test scores, and other academic records/materials pertinent to my participation, including postsecondary information from the National Student Clearinghouse. I understand that my records are protected under State and Federal Confidentiality regulations. These records will be used internally for evaluating the need for program services, setting academic goals and measuring progress toward meeting goals. This information is required by law to meet U.S. Department of Education (the federal government grant funding agency\*\*) regulations for the Student Support Services Program. Although this release may be revoked upon my written request, I agree that it shall be valid throughout my participation in the Student Support Services Program and beyond for verification of postsecondary enrollment, academic progress, graduation, and transfer.

I am aware that there are **TWO** Student Support Services programs on campus (SSS Traditional and STEM SSS.) I understand that, although I can apply to both programs, I am only permitted to be served by one program. Once accepted into a program, I acknowledge that I should receive services from that program. I cannot be a participant in both programs.

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

\*\*SSS / STEM SSS is a federally funded program by the U.S. Department of Education hosted by Seminole State College. SSS is funded at the rate of \$294,725 annually and STEM SSS at \$261,888 annually. Updated 07/10/2023