

Date Received: _____
 Staff Initials: _____

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

Return this form to: Scott Building, Room #101 (405) 382-9547/382-9702/382-9642
 Scott Building, Room #104 (405) 382-9549 / 382-9297

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>M.I.</u>	<u>DOB</u>
Address: _____		Home phone: _____	
City, State, Zip _____		Cell: _____	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
E-mail: _____@student.sscok.edu		Student ID: _____	

1. Are you a U.S. citizen? Yes No -OR- ARE YOU A PERMANENT RESIDENT WITH A GREEN CARD? Yes No

2. Did either of your parents/guardian(s) earn a degree from a 4-year university? Yes No

3. What is your ethnicity? Please check all that apply.

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/ Alaskan Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Islander |

4. Do you plan to attend college: Full-time Three-quarter time Half-time Less than half-time

5. What are your goals? (check only one) Graduate and transfer to a four-year college or university
 Graduate and go work Transfer without graduating from SSC Take classes for personal interest

6. Which SSC degree or certificate are you pursuing? _____

7. Are you receiving financial aid for this year? Yes No if no, have you applied for aid? Yes No

FOR FINANCIAL AID YOU WILL BE CONSIDERED EITHER **INDEPENDENT** OF OR **DEPENDENT** ON THE INCOME EARNED BY YOUR PARENT/S OR LEGAL GUARDIAN/S. YOU ARE CONSIDERED **INDEPENDENT ONLY** IF ANY OF THE FOLLOWING APPLY:

1. YOU ARE 24 YEARS OF AGE BY JANUARY 1ST OF THE YEAR YOU ARE APPLYING FOR AID
2. YOU HAVE CHILDREN OR OTHERS WHOM YOU CLAIM AS LEGAL DEPENDENTS
3. YOU ARE AN ACTIVE DUTY VETERAN
4. YOU ARE OR HAVE BEEN A "WARD OF THE STATE"

If you are **DEPENDENT, a completed Income Verification Form will be required of you and your legal guardian.

8. Total number in household, including self: _____

9. If INDEPENDENT: The total number of exemptions claimed on **your** prior or prior-prior year Federal Tax Return: _____

10. Your Taxable Income (line **11b** of **1040** Return): _____

IF THE REQUESTED FINANCIAL INFORMATION IS NOT PROVIDED ON THIS FORM OR THE INCOME VERIFICATION SHEET, YOUR APPLICATION IS CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED UNTIL THE APPROPRIATE INFORMATION IS PROVIDED. **

11. I understand that my financial records may be accessed. Please initial: _____

I am aware that there are two Student Support Services programs on campus. 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.

12. Please initial: _____

13. Please help us determine if you qualify by checking any of the following that describe you:

- I have limited knowledge about college
- I do not have much support from family/friends
- I do not know anyone else attending SSC
- I work over 20 hours per week

14. Check any of the following ways we can help you:

- A quiet place to study
- Completing the FAFSA
- Discovering my preferred learning style
- Study skills help
- Tutoring in _____
- Transferring to 4-year institutions
- Adjusting to college policies and procedures
- Participating in an academic support system
- Class scheduling/registration
- Career planning
- Choosing a major
- Other: _____
- Financial literacy/money management

15. How did you hear about the program? _____

16. Have you previously participated in: Student Support Services Upward Bound FOCUS NASNTI

When? _____ **Where?** _____

17. I would like more information on or a referral to the following:

- Testing Services
- Academic Clubs/Honor Societies
- Work study/on campus jobs
- Workforce and/or Employment Readiness
- Disability Services
- ACT, Dept. Math, Accuplacer preparation

THIS APPLICATION, ACADEMIC TRANSCRIPTS AND TESTING SCORES WILL BE USED TO DETERMINE YOUR ELIGIBILITY TO PARTICIPATE IN THE TRADITIONAL SSS TRIO PROGRAM. **APPLICATIONS WITH MISSING INFORMATION WILL NOT BE REVIEWED.** WE WILL NOTIFY YOU TO SCHEDULE AN INTAKE INTERVIEW. IF YOU CANNOT ATTEND THAT APPOINTMENT YOU WILL NEED TO RESCHEDULE. IF BOTH APPOINTMENTS ARE MISSED, YOUR APPLICATION WILL NOT BE REVIEWED AND YOU WILL NOT BE CONSIDERED FOR ENROLLMENT IN THE PROGRAM.

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.

Signature of Student _____

Date of Signature _____

**STEM Student Support Services is a federally funded program by the U.S. Department of Education hosted by Seminole State College. Seminole State College is an equal opportunity educator and employer.