

**Social Security Number** \_\_\_\_\_ **Student Number** \_\_\_\_\_

**Name** \_\_\_\_\_  
First Middle Last

**Local Address** \_\_\_\_\_  
Street City State Zip Code

**Address** \_\_\_\_\_  
Street City State Zip Code

**Home Phone** ( ) \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_

**Employer** \_\_\_\_\_ **Hrs. worked per week** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email (Home)** \_\_\_\_\_ **Student Email** \_\_\_\_\_

*Responding to the questions below is necessary for use in statistical reporting only and will not be a factor in admission to Student Support Services. All information is kept confidential.*

**Birth Date** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_  
Month Day Year

**Marital Status** Single \_\_\_ Married \_\_\_ Single Parent \_\_\_

**Ethnicity:** \_\_\_ American Indian or Alaskan Native  
 \_\_\_ Asian  
 \_\_\_ Black or African-American  
 \_\_\_ Hispanic or Latino  
 \_\_\_ White or Caucasian  
 \_\_\_ Native Hawaiian or other Pacific Islander  
 \_\_\_ More than one race

Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_  
 Are you a veteran? Yes \_\_\_ No \_\_\_

Is either parent a graduate of a 4- year college?  
 Yes \_\_\_ No \_\_\_

Do you have a documented physical or learning disability?  
 Yes \_\_\_ No \_\_\_

If yes, are you registered with the Director of Special Populations? Yes \_\_\_ No \_\_\_

Have you applied for financial aid? Yes \_\_\_ No \_\_\_

Will you be receiving financial aid? Yes \_\_\_ No \_\_\_

Amount awarded (if known) \_\_\_\_\_

Type of aid \_\_\_ Pell Grant \_\_\_ Scholarship  
 \_\_\_ Student Loan \_\_\_ Work Study  
 \_\_\_ Vocational Rehabilitation

**High School** \_\_\_\_\_ **Graduation Year** \_\_\_\_\_ **GED?** Yes \_\_\_ No \_\_\_ **GED date** \_\_\_\_\_

**Previous participation in Federal TRiO program?** \_\_\_ Talent Search \_\_\_ Upward Bound \_\_\_ EOC \_\_\_ Other

**Testing completed:** \_\_\_ ACT \_\_\_ COMPASS \_\_\_ ASSET

**First enrolled at WSCC:** Semester \_\_\_\_\_ Year \_\_\_\_\_ **WSCC Hours Earned** \_\_\_\_\_ **WSCC GPA** \_\_\_\_\_

**WSCC Major** \_\_\_\_\_ **WSCC Advisor** \_\_\_\_\_

**College(s) attended prior to WSCC** \_\_\_\_\_ **Hours Earned** \_\_\_\_\_ **GPA** \_\_\_\_\_

Are you planning to transfer to a four-year college or university? Yes \_\_\_ No \_\_\_

If yes, please list your choice of college or university \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	Eligibility Criteria	LI/FG	LI	FG	D	D/LI
Academic Need	_____	_____	_____	_____	_____	_____
			Approval			Date

Please provide contact information of an individual who will know where you can be reached if you change residence in the next five years.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### NEEDS ASSESSMENT

What obstacle(s) would most likely prevent you from graduating from WSCC?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Poor study habits             | <input type="checkbox"/> Bad grades                       | <input type="checkbox"/> Family medical problems  |
| <input type="checkbox"/> Lack of money                 | <input type="checkbox"/> Take things too seriously        | <input type="checkbox"/> Separation or divorce    |
| <input type="checkbox"/> Taking the wrong class        | <input type="checkbox"/> Problems at home                 | <input type="checkbox"/> No close friends at WSCC |
| <input type="checkbox"/> Always feeling tired          | <input type="checkbox"/> Trouble sleeping                 | <input type="checkbox"/> Health concerns          |
| <input type="checkbox"/> Always worrying               | <input type="checkbox"/> Afraid to speak up in class      | <input type="checkbox"/> Too shy                  |
| <input type="checkbox"/> Alcohol and/or drug problems  | <input type="checkbox"/> Feeling depressed or sad         | <input type="checkbox"/> Easily distracted        |
| <input type="checkbox"/> Dealing with bill collectors  | <input type="checkbox"/> No support from family           | <input type="checkbox"/> Poor test taking skills  |
| <input type="checkbox"/> Limited leadership experience | <input type="checkbox"/> Poor research and library skills |   |

Please check all areas in which you need assistance, instruction or information.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Tutoring            | <input type="checkbox"/> Career Guidance   | <input type="checkbox"/> Academic Advising |
| <input type="checkbox"/> Study Skills        | <input type="checkbox"/> Laptop Loan       | <input type="checkbox"/> Financial Aid     |
| <input type="checkbox"/> Textbook Loan       | <input type="checkbox"/> Job Search Skills | <input type="checkbox"/> Money Management  |
| <input type="checkbox"/> Transfer Assistance | <input type="checkbox"/> Other             |  |

Why do you want to participate in the Student Support Services program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare that the information given is true and correct to the best of my knowledge and give consent to release any information associated with academic, financial aid or counseling services. I understand that this information is confidential and withholding information on this application or giving false information will make my application ineligible for admission to the TRiO/Student Support Services program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18 years of age)

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*Funded by the U.S. Department of Education*