

# Student Support Services PARTICIPANT CONTRACT

I agree to participate in the Student Support Services Program (SSS) as outlined below.

1. I agree to attend classes regularly. I understand that regular attendance is defined by SSS as having no more than three unexcused absences in any course during the semester.
2. I agree to meet with a SSS advisor one or more times during each enrolled semester to discuss my academic progress and/or update my academic plan.
3. I agree to meet with a SSS tutor if I am not making satisfactory academic progress during the semester-meaning that I receive a "C" or below in class and/or have to repeat coursework.
4. I agree to keep my appointments with a program staff person. If I am unable to attend, I will call 352-8073. I understand that failure to call and cancel an appointment may result in my being dropped from the program.
5. I agree to ask a program staff person for help when needed.
6. I agree to treat all program furniture, equipment, books and other property with care and respect.
7. I agree to complete program evaluations and follow-up survey as requested.
8. I understand that the SSS Program may void this contract if my continued participation is unprofitable.
9. I agree to notify a program staff person of change of address and/or phone number.
10. I agree to notify the SSS Program if I drop out, graduate, or transfer to another college or university.

### Student Publicity Release

I agree that if I am accepted into the SSS Program, the staff may include my name and/or photograph in publications, including the website.

### Release of Information

I certify that the information I have provided on my application is, to the best of my knowledge, complete and accurate. Furthermore, I authorize the staff to obtain all pertinent records and data necessary to enroll me into the SSS Program, to monitor my academic progress, and to release information to the United States Department of Education, TRIO Programs. The SSS Program staff also has my permission to communicate verbally or otherwise with other University and off-campus professionals on my behalf.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
SSS Staff Signature

\_\_\_\_\_  
Date

**Wallace State Community College**  
**Student Support Services**  
**Learning Success Center - TBH 7th Floor**  
**Phone: 256/352-8073 Fax: 256/352-8055**  
**studentsupportservices@wallacestate.edu**



<b>STUDENT NUMBER (SSN)</b> _____				
Name _____				
First	Middle	Last		
Local Address _____				
Street	City	State	Zip Code	
Address _____				
Street	City	State	Zip Code	
Home Telephone ( ) _____		Cell Telephone ( ) _____		
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 _____			
Ethnic: _____			
_____ 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 ADA Coordinator?	
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>		<i>Eligibility Criteria</i>	LI/FG	LI	FG	D	D/LI
_____		_____		_____		_____	
Academic Need		Director's Approval		Date			

## Confidential Family Income Information

The United States Office of Education requires that we obtain family income information from all participants served by Student Support Services. *All information is held in strict confidence and we adhere to the regulations provided in the Family Rights and Privacy Act of 1974.*

Do your parents claim you on their income tax as a dependent? Yes \_\_\_\_\_ No \_\_\_\_\_

If you did not file income tax, did you receive wages, salaries or tips? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive any of the following:

<input type="checkbox"/> Disability	<input type="checkbox"/> Unemployment	
<input type="checkbox"/> AFDC	<input type="checkbox"/> Veterans' Benefits	
<input type="checkbox"/> Social Security	<input type="checkbox"/> Other	

Place a check beside the appropriate range of your taxable family income for the last calendar year:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than \$14,355 | <input type="checkbox"/> \$24,136-\$29,025 | <input type="checkbox"/> \$38,806-\$43,695  |
| <input type="checkbox"/> \$14,356-\$19,245  | <input type="checkbox"/> \$29,026-\$33,915 | <input type="checkbox"/> \$42,696-\$48,585  |
| <input type="checkbox"/> \$19,246-\$24,135  | <input type="checkbox"/> \$33,915-\$38,805 | <input type="checkbox"/> More than \$48,586 |

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 Number \_\_\_\_\_

Address \_\_\_\_\_

I declare that the information given is true and correct to the best of my knowledge and give consent to re-lease 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) \_\_\_\_\_

Wallace State Community College is an Equal Employment-Equal Education Opportunity Institution  
Accredited by Southern Association of Colleges and Schools



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

## 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 experiences | <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"/> Advising          |
| <input type="checkbox"/> Cultural Enrichment | <input type="checkbox"/> Study Skills     | <input type="checkbox"/> Computer Loan     |
| <input type="checkbox"/> Mentoring           | <input type="checkbox"/> Financial Aid    | <input type="checkbox"/> Counseling        |
| <input type="checkbox"/> Accommodations      | <input type="checkbox"/> Textbook Loan    | <input type="checkbox"/> Job Search Skills |
| <input type="checkbox"/> Money Management    | <input type="checkbox"/> Technology Usage |  |
| <input type="checkbox"/> Other               |   |  |

**Additional information you wish to share to assist us in meeting your needs:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return application to:**  
 TRIO Student Support Services  
 Wallace State Community College  
 Tom Bevill Health Building  
 Learning Success Center - 7th Floor  
 Hanceville, AL 35077



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