



Student Support Services Student Application

I. General Information

(Please Print)

1. Name: _____ Date: ____/____/____
(Last) (First) (MI)

2. Last 4 Digits of SSN: _____ 3. Date of Birth: ____/____/____

4. Gender (Check) Female: Male: 5. Local Phone #: (____) _____
 Work Phone #: (____) _____
 Cell Phone #: (____) _____

6. Mailing Address: _____
(City) (State) (Zip Code) (County)

7. E-mail Address: _____

8. Student Lives with (Please Circle): Parent(s), Spouse, Independently....
 *Please include name(s) of head of household.
 Name _____ Address _____
 Occupation _____ Phone Number _____

Emergency Contact: _____ Phone: _____

9. Race (Check): _____ American Indian or Alaskan Native
 _____ Native Hawaiian or Pacific Islander
 _____ Asian
 _____ Black or African-American
 _____ Hispanic or Latino
 _____ White
 _____ More than one race reported

Are you a veteran?
 Yes
 No

10. Citizenship (Check):
 _____ U.S. Citizen
 _____ Territory Resident
 _____ Non-Resident Alien
 _____ Permanent Visa
 _____ Other (Specify) _____

II. Academic Information

11. First Enrolled at RCC (Semester/Year): _____ GPA: _____

12. Current Enrollment Status: _____ 13. Classification (Check): _____ 14. Expected Major/ Degree: _____
 _____ Full time (12 + hours) _____ 1st year, never attended _____
 _____ 3/4 time (9-11 hours) _____ 1st year, attended before _____
 _____ 1/2 time (6-8 hours) _____ 2nd year _____
 _____ less than 1/2 time _____ Other _____

15. Advisor _____

16. Expected graduation date: _____

III. Eligibility Information

17. Number of family members at home (including you): _____

18. Marital Status: _____ Are you a single parent? _____

19. Have you lived with your parents in the last year? _____

20. Are you an independent student? _____

21. **Has the parent(s)/guardian(s) with whom you lived graduated from a 4-yr college?** If "Yes", please list college.
 Yes: Father _____ No: Father _____
 Mother _____ College _____
 Mother _____ College _____

22. **Do you have a disability (physical or other)?** _____
 *If "Yes", please describe: _____
 Are you registered with Disability Services on Campus? _____

23. How are you paying for your education?
 _____ Pell Grant _____ Work Study _____ Loan _____ Self
 _____ Parent/Guardian _____ Employer _____ Scholarship
 _____ Vocational Rehabilitation _____ Other: _____

24. **Annual Income (After) Taxes:**
 Check income for yourself (Student) and your parents or spouse, if applicable.

	Parent(s) or Spouse	Student
\$ 0 - 14,355	<input type="checkbox"/>	<input type="checkbox"/>
\$ 14,356 - 19,245	<input type="checkbox"/>	<input type="checkbox"/>
\$ 19,246 - 24,135	<input type="checkbox"/>	<input type="checkbox"/>
\$ 24,136 - 29,025	<input type="checkbox"/>	<input type="checkbox"/>
\$ 29,026 - 33,915	<input type="checkbox"/>	<input type="checkbox"/>
\$ 33,916 - 38,805	<input type="checkbox"/>	<input type="checkbox"/>
\$ 38,806 - 43,695	<input type="checkbox"/>	<input type="checkbox"/>
\$ 43,696 - 48,585	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

 Does any of your support come from Public Assistance?
 Yes No

IV. Services Request

25. Services Needed: Check all that apply. (Fill out the appropriate Request For Service Form)

- | | |
|--|---|
| <input type="checkbox"/> Academic Counseling | <input type="checkbox"/> Cultural Trips |
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Study Skills Development |
| <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Employability Skills (Resume, Interviewing Practice) |
| <input type="checkbox"/> Transfer Counseling | <input type="checkbox"/> Tutoring = Subject Area(s) Needed: _____ |
| <input type="checkbox"/> Financial Counseling (Obtaining Aid; budgeting) | _____ |

V. Educational Background

26. Education: Check the highest degree completed

- | | | |
|---|------------------------------|--|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> GED | <input type="checkbox"/> Adult High School Diploma |
| <input type="checkbox"/> Other: Please specify: _____ | | |

27. Year graduated from high school: _____

28. High School GPA: _____

29. Name & City of last school attended after high school: _____

If "Yes" where and when? _____

VI. Miscellaneous

31. Have you participated in Student Support Services before? Yes No

If yes, semester and year participated: _____

32. Have you ever participated in other Federal Education Programs? (Check):

- | | | | |
|--|---------------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> Talent Search | <input type="checkbox"/> Upward Bound | <input type="checkbox"/> EOC | <input type="checkbox"/> Other |
|--|---------------------------------------|------------------------------|--------------------------------|

33. How did you hear about Student Support Services? _____

*I hereby certify that the above information is true and correct to the best of my knowledge. I also give permission for the release of my transcripts, financial aid information and other personal records needed by Student Support Services for their files and program data. Information on race and sex is requested for data reporting purposes only.

Student Signature _____ Date of Application _____

For Office Use only

Eligibility Code

- | |
|--|
| <input type="checkbox"/> Low Income/First Generation |
| <input type="checkbox"/> Low Income Only |
| <input type="checkbox"/> First Generation Only |
| <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Disabled/Low Income |

Returning Student **Single Parent**

College GPA: _____ Verified by: _____ Date: _____

HS GPA: _____ Verified by: _____ Date: _____

COMPASS Score Writing _____ Reading _____ Num. PreAlg. _____ Elem. Algebra _____

ASSET Score Writing _____ Reading _____ Num. PreAlg. _____ Elem. Algebra _____

SAT Score _____ **ACT Score** _____ **OPAC Score** _____

Testing Scores verified by: _____ Date: _____

Academic Need

RCC Entry Date: _____	Verified by: _____	High School GPA: _____	High School Equivalency: _____
Date Processed: _____	Staff Initial: _____	SAT Scores, verbal: _____	Failing Grades: _____
SSS Entry Date: _____		SAT Scores, Math: _____	Out of Academic Pipeline for _____
		ACT Scores: _____	5 Years: _____
		Predictive Indicator: _____	Other: _____
		Diagnostic Tests: _____	Unknown/No Response: _____
		College GPA: _____	

Director's Signature _____ **Date** _____