



STUDENT SUPPORT SERVICES

W-211, Warren Student Center
Sampson Community College, 1801 Sunset Ave, Clinton, NC 28328
Telephone: (910) 592-8081 ext. 3502

PROGRAM APPLICATION AND NEEDS ASSESSMENT

Applicants Name: _____
SSN: _____
Maiden Name (if applicable): _____

Date: _____
SCC Student ID: _____
Email: _____

LOCAL CONTACT INFORMATION: _____

Address _____
City _____
State _____ Zip _____
Local Telephone (____) _____
Cell Phone (____) _____
Work Phone (____) _____

PERMANENT ADDRESS INFORMATION (if different):

Address _____
City _____
State _____ Zip _____
Permanent Telephone (____) _____
Best time to call _____

PERSONAL INFORMATION

Date of Birth: __/__/__ Age: ____ Gender: Male Female Marital Status: Married Single Widowed Divorced
Single Parent: Yes No Foster Child: Yes No Homeless: Yes No U.S. Military Veteran: Yes No

Ethnicity: Select the one with which you most identify:

- American Indian or Alaskan Native Tribe: _____
- Asian Native Hawaiian or Pacific Islander
- Black or African American White or Caucasian
- Hispanic or Latino Other (specify): _____

CITIZENSHIP:

Are you a U.S. Citizen? Yes No If "No," are you an eligible non-citizen (see below)? Yes No
9-Digit Alien Registration Number: A- _____

Eligible Non-Citizen Status:

1. A U.S. permanent resident and you have an Alien Registration Receipt Card (I-551), or
2. A Conditional permanent resident (I-551-C, or
3. Another eligible non-citizen or "Cuban-Haitian Entrant."

Note: If you are in the U.S. on an F1 or F2 student visa, or a J1 or J2 exchange visitor visa, or a G series visa (pertaining to international organizations,) you are not a citizen or eligible non-citizen and are not eligible to participate in the federal TRIO Student Support Services Program.

FIRST-GENERATION VERIFICATION: The term "first generation college student" means:

1. An individual both of whose parents did not complete a baccalaureate (bachelor's or 4-year college) degree, or
2. In the case of any individual who regularly resided with and received support from only one parent, an individual whose only such parent did not complete a baccalaureate (bachelor's or 4-year college) degree.

Based on the definition above, are you a first generation college student? Yes No

Highest level of education completed by your **mother**.

High School GED Associate Bachelor Other: _____
 Did not reside with or receive support from mother.

Highest level of education completed by your **father**.

High School GED Associate Bachelor Other: _____
 Did not reside with or receive support from father.

DOCUMENTED DISABILITY:

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

Have you submitted documentation of your disability to the Disability Support Services? Yes No

(Note: Students with a disability, request accommodations through the Disabilities Support Services at (910) 592-8081 ext. 2025

FINANCIAL RESOURCES: What resources are you using to pay for college? (Check all that apply):

- Financial aid (includes scholarships, grants, loans, and work study)
- Veteran's benefits
- Tribal Higher Education Funding
- Vocational rehabilitation
- Other (specify): _____
- Parents/self

ACADEMIC PLANS:

Are you admitted to Sampson Community College? Yes No If "yes," are you currently enrolled in classes? Yes No

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

What degree are you seeking at SCC? AA AS AAS Certificate Major: _____

Do you plan to transfer to a four-year college or university? Yes No

Transfer institution: _____ Major: _____

ACADEMIC NEED INFORMATION:

Educational History:

Are you a high school graduate? Yes No Highest Grade Completed: _____

How many years of high school math did you take? _____

How many years of high school English did you take? _____

If you are not a high school graduate, did you complete a GED? Yes No Year: _____

How long has it been since you have attended school? _____ Years

Have you attended college before? Yes No If yes, list colleges: _____

How many miles do you commute roundtrip to school per day? _____ miles.

Are you a single parent? Yes No

Is English your first language? Yes No If "No," what is your first language? _____

How Student Support Services Program can best support your educational goals? (Check all that apply.)

- Advocacy
- Peer mentoring
- Improving time mgmt
- Learning resources and services available at SCC
- Tutoring
- Transfer advising
- Academic advising
- Financial aid/scholarship assistance
- Study Groups
- Improve GPA
- Adjusting to college
- Test Taking Skills
- Improving study skills
- Selecting a major/career
- Clarifying goals
- Other: _____

How were you referred to SCC's TRIO Student Support Services Program?

TRIO programs you have participated in previously:

- Educational Talent Search
- Educational Opportunity Center
- Student Support Services
- Upward Bound

Where did you participate (institution name, city, and state): _____

STUDENT ACKNOWLEDGEMENT: I certify that the information provided on this form is, to the best of my knowledge, accurate and true. As a Student Support Services Program (SSS) participant, I give my permission to SSS to review, obtain, or make copies of all necessary Sampson Community College and prior educational documents (i.e., financial aid records, high school and college transcripts, assessment results, etc.) to determine and/or enhance the effectiveness of the program and services provided to me. I also give my permission for SSS personnel to share information with appropriate educators and college representatives as necessary to support my educational progress and academic success.

STUDENT NAME (Please print)

STUDENT SIGNATURE

DATE