



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: U.S. Military Veteran:
Marital Status: Married Single Widowed Divorced Single Parent

Ethnicity: Select the one with which you most identify:

- American Indian or Alaskan Native
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or Pacific Islander
White or Caucasian
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:

- A U.S. permanent resident and you have an Alien Registration Receipt Card (I-551), or
A Conditional permanent resident (I-551-C, or
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:

- An individual both of whose parents did not complete a baccalaureate (bachelor's or 4-year college) degree, or
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**