



APPLICATION FOR SERVICES

Please complete this form and return it to the Student Support Services office.

Personal Data: (Please Print)

Name: _____ Preferred Name: _____
First MI Last

Student ID#: _____ Date of Birth: _____

Mailing Address: _____ / _____
City/State/Zip Code

Home Phone#: _____ Cell#: _____ Work#: _____

E-mail (Please print clearly): _____

U.S Citizen *Yes* *No*, Permanent Resident Alien Registration# _____

Ethnicity: Are you Hispanic/Latino? *Yes* *No* (If yes, also choose a race below.)

Race: *America Indian/Alaskan Native* *White*
 Black/African American *Hawaiian/Pacific Islander*
 Asian *Other* (specify) _____

Gender: *Male* *Female* Marital Status: *Single* *Married*

Eligibility:

Do you need academic adjustments because of disabilities?

Yes *No* *Not sure*

Have you applied for or are you receiving any student financial aid?

Yes *No*

Does your mother/guardian have a 4-year college degree (Bachelor's)?

Yes *No*

Does your father/guardian have a 4-year college degree (Bachelor's)?

Yes *No*

Academic Data:

Check highest education level that you have completed.

High School Graduate (School name: _____ Date graduated: mm/yr _____)

GED Graduate: (Date Graduated: mm/yr _____)

College Graduate, Associate's Degree

College Graduate, Bachelor's Degree or Higher

What degree or certificate are you pursuing? (Please check one below.)

- Associate of Arts (AA)** **Associate of Liberal Studies (ALS)**
 Associate of Science (AS) **Associate of Applied Science (AAS)**
 Technical Certificate (TC) **Certificate of Proficiency (CP)**

What is your college major? _____ **Undecided**

What is your college classification? **Freshman** **Sophomore**

Have you attended any other college or university? **Yes** **No**

If yes, please provide school name _____
and dates attended _____.
mm/yr to mm/yr

How many hours are you enrolled in this semester? _____

Do you plan to transfer to a 4-year college after graduation? **Yes** **No**

If yes, which 4-year college(s) are you considering? _____
_____ **Undecided**

What is your college Classification? (Check all that apply)

- Freshman (0-29 hours)** **Sophomore (30-60 +hours)**

Please carefully read and agree to each of the following statements by circling yes or no.

Have you participated in any other TRIO Programs? **Yes/ No**

Agree to attend class regularly and sign in to my online classes regularly. **Yes/ No**

See your SSS mentor at least once per month during the fall and spring semesters and upon request by an agreed-upon method (phone, in-person, text, email.) **Yes/ No**

Participate in SSS activities and workshops virtually or in person. **Yes/ No**

Inform your SSS mentor of any difficulties you might be having that have the potential to impact your academic goals negatively. **Yes/ No**

Be actively involved in your education. **Yes/ No**

I certify that the information given above is true and correct to the best of my knowledge. I understand the Student Support Services (SSS) Program at PCCUA will review my PCCUA academic and financial aid information. Due to Federal reporting requirements, I understand that SSS will follow up on my post-secondary education and provide information to the U.S. Department of Education. Also, SSS may use my name, photo, or information about me in all college media sources.

Signature

Date

Note: The information you provided is kept strictly CONFIDENTIAL. The information requested on this form is used strictly to determine program eligibility and provide program demographic information to the U.S. Department of Education.