

**STUDENT SUPPORT SERVICES  
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# \_\_\_\_\_

Check all that apply to you:  **Veteran**  **Foster Child**  **Homeless**  **ESL**  **N/A**

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**

I certify that the information given above is true and correct to the best of my knowledge. I understand that the Student Support Services (SSS) Program at PCCUA will review my PCCUA academic and financial aid information. I further understand that SSS will follow up on my post-secondary education and provide information to the U.S. Department of Education due to Federal reporting requirements. 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.

Name: \_\_\_\_\_  
Last First Middle

**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

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**

Have you participated in any of the following programs? (Check all that apply.)

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

Name of college/university of program participation: \_\_\_\_\_

**Please check below the area(s) with which you would like assistance:**

**Study Skills**

- Study tips*
- Time management*
- Listening strategies*
- Note/test taking*
- Memorization*

**Transfer Assistance**

- Transfer counseling*
- Choosing a 4-year college*
- Writing personal statements*
- Arranging campus visits*
- Assistance w/admissions & financial aid*

**Financial Aid/Financial Literacy**

- Financial aid counseling*
- Financial aid information*
- Completing FAFSA*
- Completing scholarship forms*
- Money management/budgeting*
- Understanding credit*

**Career Planning**

- Career counseling*
- Choosing a major*
- Career information*
- Resume preparation*
- Interview strategies*

**Academic Support**

- Academic advising/counseling*
- Tutoring*
- Course selection*
- Academic planning*
- Tutor mentor*

**Personal Assistance**

- Personal counseling*
- Goal setting*
- Decision making*
- Stress management*
- Cultural enrichment*
- Other* \_\_\_\_\_

**Please read each item carefully and respond as honestly as you can.**

**An important part of the application process for the SSS program includes the following sentences. Your ability to write or express yourself is NOT of concern for application purposes. Your answers will be used to determine the level of your commitment to the program and to assist us in providing you with the highest level of personalized service.**

1. Complete the following sentence to identify your long-term goals. *(These might relate to school, work, family, living arrangements, personal health and/or financial status.)*  
In 5 years I want to be:

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2. Complete the following sentences to identify your short-term goals. *(These should relate specifically to the long-term goals you identified above.)* How are you going to achieve your long-term goals? What steps are you going to take to help you reach your long-term goals?

Academic Goal *(This might address improving or maintaining your GPA, choosing and following a degree plan, and/or transferring to a 4-year institution.)*

My academic goal is:

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Academic Plan:

To achieve this academic goal I will:

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Career/Work Goal *(This might address selecting a career, getting a part-time job while attending school, getting a new/better job, reducing your work hours to dedicate more time to school, getting an internship, job-shadowing a career and/or applying for work-study on campus.)*

My career/work goal is:

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Career/Work Plan:

To achieve this career/work goal I will:

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3. What obstacle(s) would likely prevent you from completing your academic goals? (Check all that apply.)

*Poor study habits*

*Afraid to speak up in class*

*Lack of money*

*Problems at home*

*Health issues*

*No support from family or friends*

*Other* (please list) \_\_\_\_\_

**STUDENT SUPPORT SERVICES  
VERIFICATION OF INCOME ELIGIBILITY FORM**

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

**Dependent/Independent Status:**

Are you an orphan or ward of the court?      \_\_\_ Yes      \_\_\_ No

Do you have legal dependents other than a spouse?      \_\_\_ Yes      \_\_\_ No

**Size of Family Unit** (total number of individuals claimed on Income Tax form):

**A. Dependent student** (parent(s), student and other dependents): \_\_\_\_\_  
(You were claimed on your parent(s)/guardian income taxes as a dependent)      (Size of Family)

Family **taxable income** for 2019 (obtain amount of taxable income from tax form **1040 line 43**, **1040A line 27**, **1040EZ line 6** or **IRS Telefile line K1**): \$ \_\_\_\_\_ (enter zero (0) if your taxable income is zero or enter "N/A" if you did not file.)

I certify that the information given above is true and correct. I understand that the Student Support Services Program at PCCUA will review my PCCUA academic and financial aid information.

\_\_\_\_\_  
**Parent or Legal Guardian's signature**

\_\_\_\_\_  
**Date**

**Independent student** (student, spouse and other dependents): \_\_\_\_\_  
(You or you & your spouse filed incomes taxes. No one else claims you as a dependent.)      (Size of family)

Family **taxable income** for 2019 (obtain amount of taxable income from tax form **1040 line 43**, **1040A line 27**, **1040EZ line 6** or **IRS Telefile line K1**): \$ \_\_\_\_\_ (enter zero (0) if your taxable income is zero or enter "N/A" if you did not file.)

I certify that the information given above is true and correct. I understand that the Student Support Services Program at PCCUA will review my PCCUA academic and financial aid information.

\_\_\_\_\_  
**Student's signature**

\_\_\_\_\_  
**Date**