



2016-2017 Application

Date _____

Last Name: _____		First: _____	Middle: _____
Student ID: _____		SSN: _____	Date of Birth: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell or Alt. #: _____ Email: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Visa <input type="checkbox"/> Other: _____	High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No High School Attended: _____ Date _____ GPA _____ GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ College(s) Previously Attended: _____ Date(s) _____ Degree(s) _____ Hours Transferred _____ When was, or will be your first semester at UACCB? _____ If you have ever participated in TRiO programs, please mark which one below: <input type="checkbox"/> Educational Talent Search <input type="checkbox"/> Educational Opportunity Center <input type="checkbox"/> Upward Bound <input type="checkbox"/> Student Support Services
Ethnic Identity: Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Please check all that apply: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/ White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		Please check all that apply: <input type="checkbox"/> ESL – English as a Second Language <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Does Not Apply	
Did your Mother graduate with a four-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown: _____ Did your Father graduate with a four-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown: _____		Financial Eligibility Verification: (Please do not leave blank) Current <u>Taxable</u> Income: \$ _____ # in household: _____	
Preferred Method of Contact: <input type="checkbox"/> Phone # <input type="checkbox"/> Email <input type="checkbox"/> Snail Mail <input type="checkbox"/> Facebook <input type="checkbox"/> Text to # _____ (Cell Phone Provider: _____) <input type="checkbox"/> Blackboard <input type="checkbox"/> Hunt you down in class <input type="checkbox"/> Other: _____		Office Use Only <input type="checkbox"/> DNQ: _____ <input type="checkbox"/> First Generation <input type="checkbox"/> Low Income <input type="checkbox"/> Disabled Degree Plan: _____ Income _____ # in Household _____ Need: _____ _____ _____ Counselor's Initials _____ Date _____	
How did you learn about SSS? <input type="checkbox"/> Website <input type="checkbox"/> Faculty/Class <input type="checkbox"/> Friend <input type="checkbox"/> Previous TRiO Participant <input type="checkbox"/> Orientation <input type="checkbox"/> Brochure <input type="checkbox"/> Admissions <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____			

Please **check** any of the following that applies to you:

- Low High School Grades
- Low Admission Test Scores (ACT, COMPASS, ASSET)
- Low College Grades
- High School Equivalency/GED
- Failing Grades
- Out of School 5 or more years
- Limited English Proficiency
- Lack of Educational/Career Goals
- Lack of Academic Preparedness for College level courses
- Need for Academic Support to raise Grades in Required courses/ Major
- Home Schooled
- Reverse Transfer

In what SSS services are you interested? (Please check all that apply)

- Tutorial assistance in _____
Estimated grade(s) at present: _____
- Academic Advising and Planning
- Career Advising
- Financial Aid Information
- Financial Planning/Budgeting for College
- Mentoring / Counseling
- Transfer Advising
- College success skills (note-taking skills, test-taking skills, study guides, time management, etc.)
- Leadership Skills
- Scholarships
- Computer Lab
- Cultural Enrichment

Please check the **DEGREE** and/or **CERTIFICATE(S)** you are seeking:

Associate of Arts –

- General Education

Associate of Science –

- Business
- Criminal Justice
- Elementary Education
- Pre-Engineering
- STEM

Associate of Applied Science –

- Business Services
- Computer Information Systems
- Crime Scene Investigation*
- Early Childhood Education
- EMT Paramedic
- General Technology
- Industrial Technology
- Law Enforcement Administration*
- Medical Office Management
- Registered Nurse – LPN to RN (current LPNs only)
- Registered Nurse – Generic Entry

Technical Certificate –

Please specify: _____

Certificate of Proficiency –

Please specify: _____

Current Classification:

- Freshman (1st year in college)
- Freshman (less than 30 college hours completed)
- Sophomore (more than 30 college hours completed)

Student Informed Consent Agreement

I, _____, wish to participate in the Student Support Services program in order to achieve my educational goals. I agree to participate in all recommended services and will keep all scheduled appointments to help achieve these goals. I hereby authorize SSS permission to secure any necessary academic records and financial records to verify my eligibility for program participation and to follow up on my post-secondary education. I agree that the information I provided on this application is true to the best of my knowledge.

SIGNATURE:

Do you plan to transfer to a four year college?

- Yes
- No
- Undecided

If yes, what are your top two transfer choices?

1.) _____

2.) _____

TRiO Student Support Services Staff:

Ronda McLelland, Program Director (870) 612-2024
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NOTE: The information requested in this form is used strictly to determine program eligibility as well as to provide program demographics to the Department of Education. All information will be kept in confidence by program staff. The UACCB Student Support Services program is funded by the U.S. Dept. of Education's Federal TRiO Programs. The funded award for 2016-2017 is \$226,600. UACCB does not discriminate on the basis of race, color, national origin, sex, age or disability for admission or access to its programs or activities.