

Student Support Services

Support is our middle name!



2019-2020 Application

Student ID:	First Name: SSN: Gender Identity		Middle Name:	
			Date of Diuth.	
Mailing Address:	Gender Identity		Date of Birth:	
	Gender Identity ☐ Male ☐ Female ☐ Other		If you have you ever participated in any TRIO programs, please mark which	
City:	Marital Status ☐ Married ☐ Single Citizenship ☐ U.S. Citizen ☐ Permanent Visa ☐ Permanent Resident		one below. □ Educational Talent Search □ Educational Opportunity Center	
Emergency Contact Name & Number:			Upward BoundStudent Support Services	
Ethnic Identity: Hispanic or Latino?	Please check all that apply: ESL – English as a Second Language Veteran Disabled Former Foster Child Homeless		High school graduate? If yes, when? Year Graduated GPA GED? If yes, what year? Any college(s) previously attended? 1.) Degree □ No □ Yes, 2.) Degree □ No □ Yes,	
Please check <u>one</u> , or <u>all</u> that apply:				
☐ American Indian/Alaskan Native☐ Asian				
☐ Black/African American☐ Caucasian/ White				
☐ Native Hawaiian/Other Pacific Islande				
Other	L Emancip	oated Minor	Any credit hours transferred in?	
Did your Mother graduate with a (four-year) Bachelor ☐ Yes ☐ No ☐ Unknown:			When will/did you begin your first semester at UACCB? Do you have a documented disability, and are you registered with UACCB's	
Did your Father graduate with a (four-year) Bachelor's ☐ Yes ☐ No ☐ Unknown:		-		
Verify Financial Eligibility ☐ Parent(s) i OR List <u>Taxable</u> <u>Income</u> from U.S. Fe		•	Disability Services Office?	
\$ # in Household For Office Use Only Received				
Alternate Methods of Contact Phone		□ DNQ-		
☐ Email		☐ First Generation ☐ Low Income ☐ SWD		
☐ Facebook		Degree Plan:		
☐ Instagram		Income \$# in Household		
How did you learn about TRIO SSS? ☐ Website ☐ Faculty/Class ☐ Friend		Academic Need:		
☐ TRIO Participant ☐ New Student Orientation ☐ Brochure ☐ Admissions ☐ Social Media ☐ Other		Counselor's Initials Date		

Please check any of the following that applies to you:		Please check the DEGREE and/or CERTIFICATE(S) you are			
☐ Low High School Grades		seeking:			
☐ Low Admission Test Scores (ACT, ACCUPLACER)		Associate of Arts –			
☐ Low College Grades (< 3.25)		☐ General Education			
☐ High School Equivalency/GED					
☐ Failing Grades		Associate of Science –			
☐ Out of School 5 or More Years		iculture Tech	☐ Business		
☐ Limited English Proficiency		minal Justice	☐ Elementary Education		
☐ Lack of Educational/Career Goals		-Engineering	☐ STEM		
☐ Lack of Academic Preparedness for College Level		Associate of Applied Science			
Courses		Associate of Applied Science − ☐ Business Services			
☐ Need for Academic Support to Raise Grades in					
Required Courses/Major		☐ Computer Information Systems			
☐ Home Schooled		☐ Crime Scene Investigation*			
☐ Drastic Change in Educational/Career Goals		☐ Early Childhood Education ☐ EMT Paramedic			
In what SSS services are you interested? (Please		☐ General Technology			
check all that apply)		☐ Industrial Technology			
☐ Tutorial assistance in		☐ Law Enforcement Administration*			
Estimated grade(s) at present:		☐ Medical Office Management			
☐ College success skills (note-taking skills, test-taking		☐ Registered Nursing			
skills, study guides, time management, etc.)		* Current Law Enforcement Officers Only			
☐ Academic Advising and Planning		☐ Technical Certificate —			
☐ Career Advising/Assessments		Please specify:			
☐ Financial Aid Information/Help with FAFSA		☐ Certificate of Proficiency —			
☐ Financial Planning/Budgeting for College		Please specify:			
☐ Mentoring/Counseling		Please specify			
☐ Transfer Advising/Transfer Trips		Current Classification:			
☐ Leadership Skills					
Sulfiller Scholarships		☐ Freshman (1 st year in college)			
☐ Computer Lab		hman (30 or less college hours completed)			
☐ Cultural Enrichment/Cultural Trips	☐ Sophomore (more than 30 college hours completed)				
Student Informed Consent Agreement		Do vou plan to tran	sfer to a four-year college?		
Student Informed Consent Agreement		☐ Yes ☐ No ☐	•		
l,, wish to					
participate in the TRIO Student Support Services progra		r top two transfer choices?			
order to achieve my educational goals. I agree to participate		1.)			
in all recommended services and will keep all scheduled		2.)			
appointments to help achieve these goals. I hereby		TRIO Student Support Services Staff:			
	Ronda McLelland, Program Director (870) 612-2024				
authorize TRIO SSS permission to secure any necessary	ronda.mclelland@uaccb.edu				
academic records and financial records to verify my elig	Dorianne Dias, Project Advisor (870) 612-2140				
for program participation and to follow up on my post-		dorianne.dias@uaccb.edu			
secondary education. I agree that the information I provided		Mickey Freeze, Project Advisor (870) 612-2109			
on this application is true to the best of my knowledge.		mickey.freeze@uaccb.edu			
Signature: Date:		Lisa Lewis, Administrative Assistant (870) 612-2173 lisa.lewis@uaccb.edu			

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 100% by the U.S. Dept. of Education's Federal TRIO Programs. The funded award for 2019-2020 is \$253,032. 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.