### cid:image002.jpg@01CC576B.C4787E90  Student Support Services Participant Application

 (**Use black or blue ink only**)

**Last Name** **First** **M. I. Student ID** **Major**

**Best way to contact you?** Call, or E-mail

 **Date of Birth:** (mm/dd/yyyy)

 **Cell # /Local Phone Number** **Local Street Address Apt/Box**

 @my.sctcc.edu **E-Mail Address City State Zip**

**Were you a former TRIO Participant? Yes\_\_\_\_ No\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, what program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If no, immigration status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender:** Male \_\_\_\_\_ Female **\_\_\_\_**

**Ethnicity/Race: Check all that apply:** American Indian or Alaskan Native Asian

 Black or African American Hispanic or Latino

**­**  Native Hawaiian or Other Pacific Islander White

**First Enrollment Date at St. Cloud Technical & Community College** (APR #17)**:**­ (mm/dd/yyyy)

***\*\*STUDENTS: PLEASE BE SURE TO FILL OUT THE INFORMATION IN THE BOX\*\****

 Are you presently receiving financial aid, grants or loans? Yes No

 Are you receiving a Pell Grant? Yes No

 Did either of your parents graduate with a 4-year college degree? Yes No

 Do you have a documented physical, psychological or learning disability? Yes No

1. **I give permission to the St. Cloud Technical & Community College *Financial Aid Office* to release information to *Student Support Services Program* concerning my financial aid application.**

1. **I give permission to the St. Cloud Technical & Community College *Disability Services Center and Academic Support* to release information to *Student Support Services* Program concerning my documentation.**
2. **The *Student Support Services* Program office may access my academic records maintained by**

**St. Cloud Technical & Community College*.***

1. **I give *Student Support Services* Program permission to use my name and image in St. Cloud Technical & Community College publications, including but not limited to, the *SSS Newsletter* & Website.**
2. **As a participant in the *Student Support Services* Program, I will actively utilize the support services by meeting with staff 3 times per semester until graduation.**

**Student’s Signature Today’s Date** (mm/dd/yyyy)

  STAFF USE ONLY 

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**Student Accepted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student Declined:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date (mm/dd/yyyy) Date (mm/dd/yyyy)

**Eligibility (Check all that apply): Participant Status:**

\_\_\_\_\_\_ Low Income \_\_\_\_\_\_ Low income/First Generation \_\_\_\_\_\_ Waiting list

\_\_\_\_\_\_ First Generation \_\_\_\_\_\_ Low income/ Disabilities \_\_\_\_\_\_ Waiting to meet w/advisor

\_\_\_\_\_\_ Disability

\_\_\_\_\_\_ Does not meet any of the requirements

**Director Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date (mm/dd/yyy

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**Student Contacts:**

**First Notified by: \_\_\_\_\_** Talked to Student Left a voicemail Emailed **Date:** \_\_\_\_\_­\_

Date: \_\_\_\_­\_ Talked to Student Left a voicemail Emailed **Student Worker**:\_\_\_\_\_\_\_\_\_

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Other Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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