

Letter Sent _____
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 Which Letter:
 Accepted _____
 Need Info _____
 Inc. dis. Doc. _____
 Not Qualified _____
 Staff Init. _____

Central Florida Community College

Application form for eligibility in the
Student Support Services Program

FG LI DIS
 AA AS
 Acad. Need: _____

 A B C CB D
 Accept _____
 Staff Init. _____
 Student I.D.# _____

The purpose of this form is to determine your eligibility for the Student Support Services program. In addition this form will serve as a means of enhancing information that will allow CFCC to provide the appropriate assistance you may need in order to successfully accomplish your educational goals.

Date: _____ Male: Female:
 Applicant's Name: _____ Social Security # _____
 Mailing Address: _____ Apt. # _____
 City: _____ State _____ Zip _____ Phone () _____
 E-Mail address: _____

Ethnic Origin:

American Indian or Alaskan Native Asian
 Black or African-American White
 Hispanic or Latino Other _____
 Native Hawaiian or other Pacific Islander

What degree are you seeking? AA AS Major: _____

If seeking an AA degree, to what college/university do you plan to transfer? _____

Are you a U.S. Citizen? Yes No
 If no, are you a permanent resident? Yes No

Have you ever been tested for a learning disability? Yes No

Do you have a physical or learning disability? Yes No **IF YES,**

1. What is your disability? _____
2. Have you signed up with the Access Services (AS) office in Bldg. 5, Rm. 105B? Yes No

(*A copy of any document that states the type/extent of your disability must be attached to this application or on file in the AS office if you desire any form of accommodation.)

Have either of your parents or guardians **graduated** from a 4-year college? Yes No
 If yes, what college? Father _____
 Mother _____

Are you currently participating in any other TRIO program?

Educational Opportunity Center (EOC) Upward Bound (UB) Talent Search

Have you applied for financial aid? Yes, No If yes, please check:

I have not heard yet I am in the process of verification I am in the appeal process

I have received my award letter and will be receiving:

PELL FSAG SEOG Unsub. Student Loan Sub. Student Loan Bright Futures

Prescription for Success Take Stock in Children CFCC Foundation

other, please specify _____

***All students in Student Support Services are required to apply for financial aid.**

Are you 24 years of age or older? Yes No

Are you married? Yes No

Do you have at least 1 dependent child? Yes No

If you answered yes to any of the above 3 questions, what is the number in **YOUR** household? _____

What was **YOUR** household's previous year **TAXABLE** income? \$ _____

If you answered **no** to all of the above 3 questions, what is the number in your **PARENT'S** household? _____

What was your **PARENT'S** household's previous year **TAXABLE** income? \$ _____

What SSS services would most interest you?

- Academic tutoring
- Scheduling/registration assistance
- Social activities
- Special assistance for students with disabilities
- Peer mentor(s)
- Transfer assistance

- Career guidance/exploration
- Assistance with financial aid forms and scholarship information
- Workshops or information on stress reduction, test anxiety, time management, goal setting, and study tools, etc.
- Other _____

I authorize the Student Support Services staff to have access to any and all academic/financial aid records available from school(s) I attended or presently attend. I further authorize the staff to make copies of any or all of these academic and financial aid records with the understanding that all records will remain confidential.

I certify that I have read this application and that it is accurate and complete to the best of my knowledge.

(Applicant's Signature)

(Date)

Return to: **Central Florida Community College
Student Support Services, Bryant Student Union (Bldg. 5) – Room 204
P.O. Box 1388
Ocala, Florida 34478-1388**

For questions or additional information about the CFCC Student Support Services Program, you may contact (352) 854-2322, extension 1761.

