



**Seward County Community College ♦ Area Technical School  
Student Support Services Application**



All information will remain confidential and will be used only for A) eligibility determination B) student demographic record keeping, C) needs assessment, D) federal reporting, E) other administrative purposes.

**Personal Information**

<b>Name:</b> Last: _____  First: _____ MI: _____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b> ____/____/____	<b>Saints ID#:</b> _____  <b>SS#:</b> _____
<b>Address:</b> _____ Street/ Apt _____ _____ City/State/Zip _____  Home Phone: (    ) _____ Cell Phone: (    ) _____	<b>Permanent (parent's Address):</b> _____ Street/Apt _____ _____ City/State/Zip _____  Permanent (parent's) Phone (    ) _____	<b>Ethnicity:</b> <input type="checkbox"/> American/Alaskan Native <input type="checkbox"/> Asian/ Pacific islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Biracial <input type="checkbox"/> Other _____	<b>Citizenship Status:</b> <input type="checkbox"/> U.S Citizen  <input type="checkbox"/> Permanent Resident  <input type="checkbox"/> International Student
Can we text you? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Education and Academic Need**

<b>E-mail:</b> _____		
<b>Degrees or Diplomas Earned:</b> <input type="checkbox"/> GED <input type="checkbox"/> HS diploma Graduation Date: _____  <input type="checkbox"/> HS equivalency Completion Date: _____  <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's <input type="checkbox"/> Other _____	<b>SCCC♦ATS Classification:</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore  <b>Major:</b> _____  <input type="checkbox"/> Undecided  <b>Future plans:</b> Transfer to 4-year college? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____	<b>SSS Services I am interested in using:</b> (check all that apply) <input type="checkbox"/> Reading/ Study/Note Taking Skills <input type="checkbox"/> Math tutoring <input type="checkbox"/> English Course/Writing Assistance <input type="checkbox"/> Academic Study Table(s) <input type="checkbox"/> Academic/Career Advising <input type="checkbox"/> Cultural Enrichment <input type="checkbox"/> Personal Counseling <input type="checkbox"/> Equipment/Book Loan <input type="checkbox"/> Job Shadowing <input type="checkbox"/> Financial Aid/FAFSA Assistance <input type="checkbox"/> Graduation/Transfer Assistance <input type="checkbox"/> Mentoring

(please complete both sides)

<b>Eligibility</b>	<b>Income Status:</b>	<b>First Generation College Status:</b>			<b>Disability Status:</b>
	Are you currently receiving financial aid through the SCCCATS Financial Aid office? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>No</b> why not? <input type="checkbox"/> I have not applied, <b>I am not eligible...</b> <input type="checkbox"/> For financial reasons <input type="checkbox"/> For academic reasons <input type="checkbox"/> Other	<b>Your <u>mother's</u> highest degree:</b> <input type="checkbox"/> 8 <sup>th</sup> grade <input type="checkbox"/> HS Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Unknown	<b>Your <u>father's</u> highest degree:</b> <input type="checkbox"/> 8 <sup>th</sup> grade <input type="checkbox"/> HS Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Unknown	<b>Your <u>guardian's</u> highest degree:</b> <input type="checkbox"/> 8 <sup>th</sup> grade <input type="checkbox"/> HS Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Unknown	Do you want to declare a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No  If so, is documentation regarding your disability filed with the Dean of Student Services? <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Do not attach any disability information to this application.</u>
		What were your living arrangements prior to your 18 <sup>th</sup> birthday? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Alone			

**Statement of Verification**

I certify that all the information provided is true to the best of my knowledge. \_\_\_\_\_  
 Initial here

**Statement of Agreement and Consent**

I do here by consent to the release of the following information to TRiO/Student Support Services Program:

1. ACT/Compass/ASSET scores, financial aid reports, transcripts, and other necessary information in order to provide me with the services that I have requested.
2. Periodic reports from my instructors regarding my academic progress for courses in which I am enrolled. I understand that all information will be keep confidential and will be used for: 1)Student demographic data & record keeping, 2)Program evaluation, 3) Needs assessment, 4) Federal Reporting , 5) Other administrative purposes

**And also, I hereby release TRiO/Student Support Services to provide information to the staff and faculty at SCCC♦ATS that have a need and a right to know about my academic performance. And to release the use of my pictures to promote the SSS program services.**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date