

DISABILITY

Do you have a physical or documented disability which requires special accommodations to help you succeed academically?

yes no

If yes, specify below:

FIRST GENERATION

Has either of your parents/guardians received a bachelor’s degree? yes no

Father’s Education: (mark highest level completed)

- Less than high school GED High school graduate Unknown
- Certificate Associates degree (2 yr) Bachelor’s degree (4 yr) Some college
- Graduate degree

Mother’s Education: (mark highest level completed)

- Less than high school GED High school graduate Unknown
- Certificate Associates degree (2 yr) Bachelor’s degree (4 yr) Some college
- Graduate degree

According to the Higher Education Act of 1965, 1998 Higher Education Amendments Subpart 2-Federal Early Outreach and Student Services Programs Chapter 1-Federal TRIO programs SEC. 402A. 20 U.S.C. 1070a-11 Program Authority; Authorization of Appropriations

(f) Definitions. – For the purpose of this chapter:

(1) First Generation College Student. – The term “first-generation college student” means-

- a. An individual both of whose parents did not complete a baccalaureate degree; or
- b. In the case of any individual who regularly resided with and received support from only one parent, an individual who’s only such parent did not complete a baccalaureate degree.

Under this definition, I am a “First Generation College Student”

Print Name	Student Signature	Date

In which of the areas listed below do you need assistance? (Check as many as apply)

- Selecting a career Learning about college majors Writing a resume Job interviewing
- Study skills Note taking Test taking and memorizing Reading
- Writing Math Managing Time Financial
- Computer training Personal counseling Other (specify) _____

What is your major? _____ If undecided, check here

Do you plan to transfer to another college? yes no undecided

Student Clearance & Approval: I understand that the Student Support Services Program will use the data provided on this form to assist in assessing any academic and/or career planning needs and that all of the information will be kept confidential. I release the following information to the SSS staff: high school transcripts, SAT/ACT/Compass scores, instructor evaluations, financial assistance award notices and income information, vocational rehabilitation records, disability services records and any other information from my academic records pertaining to my enrollment in SSS. I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

PLEASE RETURN TO STUDENT SUPPORT SERVICES IN BARNES HALL.