



Student Support Services

Site: ☐ East ☐ Metro ☐ West



Student Application

** PLEASE PRINT **

Today's Date: _____

*** This Box Is For Office Use Only ***
To Be Completed By Program Assistant

Application Submitted: _____ First Contact Date: _____ Second Contact Date: _____
Interview Date: _____ Time: _____ Interviewer: _____ Third Contact: _____
Rescheduled Interview Date: _____ Time: _____ Interviewer: _____
First enrollment date: _____ Blumen: _____ Assigned Advisor: _____
Notes: _____

Name: _____
Last First MI

Address: _____
Street Apt # City State Zip Code

S# _____ E-mail: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Gender: Male ☐ Female ☐

Date of Birth: ____/____/____ SSN: _____ Age today: _____ U.S. Veteran: Yes ☐ No ☐

Marital Status: Single ☐ Divorced ☐ Married ☐ Separated ☐ Widowed ☐

U.S. Citizen: YES ☐ NO ☐ If no, provide Residency Status: _____

Has either parent received a (four-year) Bachelor's Degree? Yes ☐ No ☐

Ethnicity: Native American/Alaskan Native ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐
Hawaiian/Pacific Islander ☐ Other/Multi-racial ☐

ACADEMIC DATA

Did you graduate from high school? Yes ☐ No ☐

If yes, name of high school: _____ When? _____

If no, do you have a GED? Yes ☐ No ☐ If yes, date GED was obtained: _____

Tri-C Major/Certificate: _____

Are you a full time student (12+ credits)? Yes ☐ No ☐ How many credits are you taking? _____

Which campus are you currently attending? Metro ☐ Western ☐ Eastern ☐

Have you attended other colleges? Yes ☐ No ☐ If yes, provide college name: _____

Have you participated in any other TRiO program? Yes ☐ (select from list below.) No ☐

EOC ☐ ETS ☐ UB ☐ UBMS ☐ SSS ☐ VUB ☐ When: _____

If you selected SSS, Which campus did you attend? _____ When? _____

How did you hear about SSS? _____

INCOME INFORMATION

Are you a dependent student? (Under age 24, supported by parents or guardian) Yes ☐ No ☐

Yearly family income: \$_____ Family Size: _____ Are you Pell Eligible? Yes ☐ No ☐

Total number of dependents that you claim on your income tax: _____

Sources of Income: Employment ☐ Public Assistance ☐ SSI ☐ Other ☐ _____

If employed: full-time ☐ or part-time ☐

RELEASE OF COLLEGE INFORMATION

I give permission for the Student Support Services Program to obtain any information needed from Cuyahoga Community College staff and instructors in order to help me reach my goal of getting a degree.

Yes ☐

No ☐

MID-TERM ACADEMIC PROGRESS REPORT

I give permission for the Student Support Services staff to contact my instructors each semester for a mid-term academic progress report.

Yes ☐

No ☐

I certify that the information on this application is true and complete to the best of my knowledge.

Student's Signature

Date

*****FOR OFFICE USE ONLY*****

Needs Assessment:

- ___ Low placement test scores: English ☐ Math ☐
- ___ High School Equivalency (GED)
- ___ Low college grades
- ___ Out of academic pipeline for 5 or more years
- ___ Lack of educational &/or career goals
- ___ Limited knowledge of transfer process
- ___ Other: _____

Academic Level:

- ___ 1st year never attended
- ___ 1st year attended before
- ___ 2nd year/sophomore

Priority Status:

- ___ Entering Freshmen
- ___ Trio graduate

Eligibility/Recommendation:

Approved:

- ___ Low Income Only
- ___ Low Income & First Generation
- ___ First-Generation Only
- ___ Disabled

Denied:

- ___ No Academic Need
- ___ Not Pell Eligible
- ___ Federal Income Guidelines Not Met
- ___ Other: _____

Advisor Signature:

Director Signature: