

Student Support Services/TRiO Program Application 2024-2025 Cohort

Indian River State College provides equal employment and educational opportunities to all without regard to race, color, national origin, ethnicity, sex, pregnancy, religion, age, disability, sexual orientation, marital status, veteran status, genetic information, and any other factor protected under applicable federal, state, and local civil rights laws, rules and regulations. The following person has been designated to handle inquiries regarding non-discrimination policies:

Adriene B. Jefferson, Equity Officer & Title IX Coordinator IRSC Massey Campus • 3209 Virginia Ave. • Fort Pierce, FL 34981 (772) 462-7156

Student Support Services is a federally-funded program that provides academic support to a limited number of those who qualify. Acceptance of this application does not guarantee acceptance into the program.

I. Demographic Data (PLEASE PRINT):	Student ID:
Last Name:	First Last Name: Middle Name:
Address:	
City:	State: Zip Code:
Cell Phone Number:	Home Phone Number:
Student Email Address:	Email Address:
Sex: Female O Male O	T-shirt Size: Small O Medium O Large O XL O XXL O XXXL O
Are you a U.S. Citizen? Yes O No O Date of Birth:	If "No," Resident Alien? A#: Place of Birth:
Marital Status (optional): Single O Marrie	ed O Divorced O Widowed O
1137	or Alaska Native
Upward Bound Math Science Farmwor CROP Take Sto	(Select all that apply) Bound Upward Bound-Indian River County LEAP Summer Bridge Color (MOC) Upward Bound-Indian River County Summer Bridge Color (MOC)
II. Academic Information:	
Are you accepted for enrollment at Indian River State (College? Yes O No O Campus:
Start in: Fall 2024 O Spring 2025 O	Summer 2025 O
Educational Status: Freshman (0-30 credits) O	Sophomore (31-60 credits) O GPA:
Enrollment Status: Full-time O More than Part-tir	me (3/4 time) O Part-time (1/2 time) O Less than Part-time (less than 1/2 time) O
Major: Ex	pected Graduation Date:
Are you a Transfer Student? Yes □ No □	If yes, from where?
III. Eligibility:	
First Generation documentation: Highest level of school <i>con</i> degree.)	npleted by: (You are considered first generation if neither of your parents has a 4-year college
Mother: Middle/Junior High O High School O	GED® O Some College O Bachelor's Degree O
Father: Middle/Junior High O High School O	GED® O Some College O Bachelor's Degree O
GED ® is a registered trademark of the American Coununder license. This material is not endorsed or appro	cil on Education (ACE) and administered exclusively by GED Testing Service LLC ved by ACE or GED Testing Service.
Student's Typed Name	Date signed:

Are you: dependent O or independent O ? (24 years of age or other financial aid & federal guidelines) Number in the family: You must provide current financial documentation or complete a FAFSA* for program requirements. Student's Typed Name: Date signed: To determine your taxable income, refer to your and/or parents' 2022 Size of Family Taxable income Less Than \$22,500 1	IV. Income Documentation:						
Number in the family:							
Student's Typed Name:		. age of earer mianetal ara a	Todora. Baracinios,				
To determine your taxable income, refer to your and/or parents' 2022 To determine your taxable income, refer to your and/or parents' 2022 Line 8 on Form 1040 EZ Line 9 on Form 1040 EZ Salas 3 \$38,733 Line 43 on Form 1040 Solar		FAFSA® for program requirem	ents.				
To determine your taxable income, refer to your and/or parents' 2022 Size of Family Taxable income its return							
Ederal income tax return: 1							
Line 6 on Form 1040 E2 Line 43 on Form 1040 A Line 43 on Form 1040 Line 44 Sa4,6800 Line 44		1	\$22,590				
Line 43 on Form 1040 If you are applying to the SSS program as a low-income participant, you will need to submit verification of income to the SSS office. The term "low-income" means an Individual whose family's taxable income for the preceding year did not exceed 150 percent of the powerty level amount. V. Disability Documentation: Are you a student with a disability? Yes O No O Note: Documentation of your disability is required. Disability documentation for any Indian River State College student is retained in confidential files in the Student Accessibility Services (SAS)? Yes O No O Note: Documentation of your disability is required. Disability documentation for any Indian River State College student is retained in confidential files in the Student Accessibility Services Office. VI. Participants Requirements: a. I give permission for Student Support Services personnel to access my IRSC academic and student financial aid records for the purpose of verifying my project eligibility and assisting me academically. b. I agree to actively participate in Student Support Services activities, including: annual orientation, setting long & short-term goals, development and updates of a personal education plan and Guided Pathway, Achievers Club, individual Lutoring, Success Skills workshops, individual counseling, cultural enrichment and college tours. c. Submit verification of insabled student status from the Student Accessibility Services Office. The information I have provided is true and correct to the best of my knowledge. Lattest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any faise documents in connection with eligibility will be cause for my dismissal from the STUDENT Student's Typed Name By typing my name below indicates that my child is under 18 years of age and that the information given on this application is true and complete to the best of my knowledge. Parent's Typed Name: Date signed: Date signed: VII.Release & Waiver of		3	\$38,730				
If you are applying to the SSS program as a low-income participant, you will need to submit verification of income to the SSS office. The term "low-income" means an Individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level and \$8,070 for each additional family amount. V. Disability Documentation: Are you a student with a disability? Yes O No O Note: Documentation of your disability is required. Disability documentation for any Indian River State College student is retained in confidential files in the Student Accessibility Services (SAS)? Yes O No O Note: Documentation of your disability is required. Disability documentation for any Indian River State College student is retained in confidential files in the Student Accessibility Services Office. VI. Participants Requirements: a. I give permission for Student Support Services personnel to access my IRSC academic and student financial aid records for the purpose of verifying my project eligibility and assisting me academically. b. I agree to actively participate in Student Support Services activities, including: annual orientation, setting long & short-term goals, development and updates of a personal education plan and Guided Pathway, Achievers Club, Individual Lutoring. Success Skills workshops, individual counselling, cultural enrichment and college tours. c. Submit verification of income documentation. d. If disabled, documentation of disabled student status from the Student Accessibility Services Office. The information I have provided is true and correct to the best of my knowledge. Lattest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUDENT SUDENT SUDENT SUPPORT SERVICES/TRIO PROGRAM. I also and unformation and other records to the Indian River State College Student Support Services/TRIO Program for educational planning purpose							
will need to submit verification of income to the SSS office. The term 'low-income' means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount. V. Disability Documentation: Are you a student with a disability? Yes O No O Have you registered with the IRSC Student Accessibility Services (SAS)? Yes O No O Note: Documentation of your disability is required. Disability documentation for any Indian River State College student is retained in confidential files in the Student Accessibility Services Office. VI. Participants Requirements: a. I give permission for Student Support Services personnel to access my IRSC academic and student financial aid records for the purpose of verifying my project eligibility and assisting me academically. b. I agree to actively participate in Student Support Services activities, including: annual orientation, setting long & short-term goals, development and updates of a personal education plan and Guided Pathway, Achievers Club, individual tutoring, Success Skills workshops, individual counseling, cultural enrichment and college tours. c. Submit verification of income documentation. d. If disabled, documentation of disabled student status from the Student Accessibility Services Office. The information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT Branch STRVICES/TRIO PROGRAM. I also authorize Indian River State College Student Support Services/TRIO Program for educational planning upposes. I also authorize Indian River State College Student Support Services program (SS) will Invoke participation in the estactor for my educational planning. By typing my name below indicates that my child is under 18 years of age and that the information given on this application is true a	If you are applying to the SSS program as a low-income participant, you		I i i i i i i i i i i i i i i i i i i i				
the preceding year did not exceed 150 percent of the poverty level amount. V. Disability Documentation: Are you a student with a disability? Yes O No O Note: Documentation of your disability is required. Disability documentation for any Indian River State College student is retained in confidential files in the Student Accessibility Services (SAS)? Yes O No O Note: Documentation of your disability is required. Disability documentation for any Indian River State College student is retained in confidential files in the Student Accessibility Services Office. VI. Participants Requirements: a. I give permission for Student Support Services personnel to access my IRSC academic and student financial aid records for the purpose of verifying my project eligibility and assisting me academically. b. I agree to actively participate in Student Support Services activities, including: annual orientation, setting long & short-term goals, development and updates of a personal education plan and Guided Pathway, Achievers Club, individual tutoring, Success Skills workshops, individual counseling, cultural enrichment and college tours. c. Submit verification of income documentation. d. If disabled, documentation of disabled student status from the Student Accessibility Services Office. The information I have provided is true and correct to the best of my knowledge. I attrest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUPPORT SERVICES/TRIO PROGRAM. I also authorize Indian River State College or other postsecondary institutions to release official transcripts, test they release these records to other institutions as they release to my knowledge. By typing my name below indicates that my child is under 18 years of age and that the information given on this application is true and complete to the best of my knowledge. Parent's Typed Name: Date signed: D	will need to submit verification of income to the SSS office. The term	8	I · · · · · · · · · · · · · · · · · · ·				
Are you a student with a disability? Yes O No O Note: Documentation of your disability is required. Disability documentation for any Indian River State College student is retained in confidential files in the Student Accessibility Services Office. VI. Participants Requirements: a. I give permission for Student Support Services personnel to access my IRSC academic and student financial aid records for the purpose of verifying my project eligibility and assisting me academically. b. I agree to actively participate in Student Support Services personnel to access my IRSC academic and student financial aid records for the purpose of verifying my project eligibility and assisting me academically. b. I agree to actively participate in Student Support Services activities, including: annual orientation, setting long & short-term goals, development and updates of a personal education plan and Guided Pathway, Achievers Club, individual tutoring, Success Skills workshops, individual counseling, cultural enrichment and college tours. c. Submit verification of income documentation. d. If disabled, documentation of disabled student status from the Student Accessibility Services Office. The information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUPPORT SERVICES/TRIO PROGRAM. I also authorize Indian River State College or other postsecondistrutions for release official transcripts, test scores, financial aid award information and other records to the Indian River State College Student Support Services/TRIO Program for educational planning purposes. I also authorize Indian River State College Student Support Services/TRIO program for educational planning in the Student Support Services program (SSS) will involve participation in extracurricular and recreational activities, as well	the preceding year did not exceed 150 percent of the poverty level		add \$8,070 for each additional family				
Have you registered with the IRSC Student Accessibility Services (SAS)? Yes O No O Note: Documentation of your disability is required. Disability documentation for any Indian River State College student is retained in confidential files in the Student Accessibility Services Office. VI. Participants Requirements: a. I give permission for Student Support Services personnel to access my IRSC academic and student financial aid records for the purpose of verifying my project eligibility and assisting me academically. b. I agree to actively participate in Student Support Services activities, including: annual orientation, setting long & short-term goals, development and updates of a personal education plan and Guided Pathway, Achievers Club, individual tutoring, Success Skills workshops, individual counseling, cultural enrichment and college tours. c. Submit verification of income documentation. d. If disabled, documentation of disabled student status from the Student Accessibility Services Office. The information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SEMPORT SERVICES/TRIO PROGRAM. I also authorize Indian River State College or other postsecondistrutions to release official transcripts, test scores, financial aid award information and other records to the Indian River State College Student Support Services/TRIO Program for educational planning purposes. I also authorize Indian River State College Student Support Services/TRIO program to release these records to other institutions as they relate to my educational planning. Student's Typed Name. Date signed: By typing my name below indicates that my child is under 18 years of age and that the information given on this application is true and complete to the best of my knowledge. Parent's Typed Name: Date signed:	V. Disability Documentation:						
Note: Documentation of your disability is required. Disability documentation for any Indian River State College student is retained in confidential files in the Student Accessibility Services Office. VI. Participants Requirements: a. I give permission for Student Support Services personnel to access my IRSC academic and student financial aid records for the purpose of verifying my project eligibility and assisting me academically. b. I agree to actively participate in Student Support Services activities, including: annual orientation, setting long & short-term goals, development and updates of a personal education plan and Guided Pathway, Achievers Club, individual tutoring, Success Skills workshops, individual counseling, cultural enrichment and college tours. c. Submit verification of income documentation. d. If disabled, documentation of disabled student status from the Student Accessibility Services Office. The information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUPPORT SERVICES/TRIO Program. I also authorize Indian River State College or other postsecondary institutions to release official transcripts, test scores, financial aid award information and other records to the Indian River State College Student Support Services/TRIO program for educational planning purposes. I also authorize Indian River State College Student Support Services/TRIO program for educational planning purposes. I also authorize Indian River State College Student Support Services program (state) to the institutions as they relate to my educational planning. Student's Typed Name. Date signed: By typing my name below indicates that my child is under 18 years of age and that the information given on this application is true and complete to the best of my knowledge. Parent's Typed Name:	Are you a student with a disability?	Yes O No O					
VI. Participants Requirements: a. I give permission for Student Support Services personnel to access my IRSC academic and student financial aid records for the purpose of verifying my project eligibility and assisting me academically. b. I agree to actively participate in Student Support Services activities, including: annual orientation, setting long & short-term goals, development and updates of a personal education plan and Guided Pathway, Achievers Club, individual tutoring, Success Skills workshops, individual counseling, cultural enrichment and college tours. c. Submit verification of income documentation. d. If disabled, documentation of disabled student status from the Student Accessibility Services Office. The information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUPPORT SERVICES/TRIO PROGRAM. I also authorize Indian River State College or other institutions to release official transcripts, test scores, financial aid award information and other records to the Indian River State College Student Support Services/TRIO program for educational planning purposes. I also authorize Indian River State College Student Support Services/TRIO program for release these records to other institutions as they relate to my educational planning. Student's Typed Name. Date signed: By typing my name below indicates that my child is under 18 years of age and that the information given on this application is true and complete to the best of my knowledge. Parent's Typed Name: Date signed: Date signed: Date signed: Date signed: I have reactional activities, as well as off-campus student trips. Furthermore, as the undersigned, I hereby release and forever discharge the SSS program, the Board of Trustees, and the President of Indian River State College, its members individua	Have you registered with the IRSC Student Accessibility Services ((SAS)? Yes O No O					
a. I give permission for Student Support Services personnel to access my IRSC academic and student financial aid records for the purpose of verifying my project eligibility and assisting me academically. b. I agree to actively participate in Student Support Services activities, including: annual orientation, setting long & short-term goals, development and updates of a personal education plan and Guided Pathway, Achievers Club, individual tutoring, Success Skills workshops, individual counseling, cultural enrichment and college tours. c. Submit verification of income documentation. d. If disabled, documentation of disabled student status from the Student Accessibility Services Office. The information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUPPORT SERVICES/TRIO PROGRAM. I also authorize Indian River State College or other postsecondary institutions to release official transcripts, test scores, financial aid award information and other records to the Indian River State College Student Support Services/TRIO Program for educational planning purposes. I also authorize Indian River State College Student Support Services/TRIO program for educational planning purposes. Student's Typed Name. Date signed: By typing my name below indicates that my child is under 18 years of age and that the information given on this application is true and complete to the best of my knowledge. Parent's Typed Name: Date signed: Date signed: Date signed: Parent's Typed Name: Date signed: Date signed: Date signed: Date signed: I have release and forever discharge the SSS program. The Board of Trustees, and the President of Indian River State College, is members individual, its officers, gents, and employees, from any and all claims, demands, rights, and causes of action and all kno		umentation for any Indian Ri	ver State College student is retained in				
my project eligibility and assisting me academically. b. I agree to actively participate in Student Support Services activities, including: annual orientation, setting long & short-term goals, development and updates of a personal education plan and Guided Pathway, Achievers Club, individual tutoring, Success Skills workshops, individual counseling, cultural enrichment and college tours. c. Submit verification of income documentation. d. If disabled, documentation of disabled student status from the Student Accessibility Services Office. The information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUPPORT SERVICES/TRIO PROGRAM. I also authorize Indian River State College or other postsecondary institutions to release official transcripts, test scores, financial aid award information and other records to the Indian River State College Student Support Services/TRIO Program for educational planning purposes. I also authorize Indian River State College Student Support Services/TRIO program to release these records to other institutions as they relate to my educational planning. Student's Typed Name Date signed: By typing my name below indicates that my child is under 18 years of age and that the information given on this application is true and complete to the best of my knowledge. Parent's Typed Name: Date signed: Date signed: Date signed: Date signed: I hereby release and forever discharge the SSS program, the Board of Trustees, and the President of Indian River State College, its members individually, its officers, agents, and employees, from any and all claims, demands, rights, and causes of action and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and consequences thereof, resulting from participation in or in a	VI. Participants Requirements:						
updates of a personal education plan and Guided Pathway, Achievers Club, individual tutoring, Success Skills workshops, individual counseling, cultural enrichment and college tours. c. Submit verification of income documentation. d. If disabled, documentation of disabled student status from the Student Accessibility Services Office. The information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUPPORT SERVICES/TRIO PROGRAM. I also authorize Indian River State College or other postsecondary institutions to release official transcripts, test scores, financial aid award information and other records to the Indian River State College Student Support Services/TRIO program for educational planning purposes. I also authorize Indian River State College Student Support Services/TRIO program to release these records to other institutions as they relate to my educational planning. Student's Typed Name		my IRSC academic and student	financial aid records for the purpose of verifying				
d. If disabled, documentation of disabled student status from the Student Accessibility Services Office. The information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUPPORT SERVICES/TRIO PROGRAM. I also authorize Indian River State College or other postsecondary institutions to release official transcripts, test scores, financial aid award information and other records to the Indian River State College Student Support Services/TRIO Program for educational planning purposes. I also authorize Indian River State College Student Support Services/TRIO program to release these records to other institutions as they relate to my educational planning. Student's Typed Name	updates of a personal education plan and Guided Pathway, Achievers Club, individual tutoring, Success Skills workshops, individual counseling,						
The information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUPPORT SERVICES/TRIO PROGRAM. I also authorize Indian River State College or other postsecondary institutions to release official transcripts, test scores, financial aid award information and other records to the Indian River State College Student Support Services/TRIO Program for educational planning purposes. I also authorize Indian River State College Student Support Services/TRIO program to release these records to other institutions as they relate to my educational planning. Student's Typed Name	c. Submit verification of income documentation.						
are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUPPORT SERVICES/TRIO PROGRAM. I also authorize Indian River State College or other postsecondary institutions to release official transcripts, test scores, financial aid award information and other records to the Indian River State College Student Support Services/TRIO program for educational planning purposes. I also authorize Indian River State College Student Support Services/TRIO program to release these records to other institutions as they relate to my educational planning. Student's Typed Name Date signed:	d. If disabled, documentation of disabled student status from the Student	dent Accessibility Services Office					
By typing my name below indicates that my child is under 18 years of age and that the information given on this application is true and complete to the best of my knowledge. Parent's Typed Name: Date signed:	are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUPPORT SERVICES/TRIO PROGRAM. I also authorize Indian River State College or other postsecondary institutions to release official transcripts, test scores, financial aid award information and other records to the Indian River State College Student Support Services/TRIO Program for educational planning purposes. I also authorize Indian River State College Student Support Services/TRIO program to release these records to other institutions as						
Parent's Typed Name: Date signed:	Student's Typed Name Date signed:						
VII.Release & Waiver of Liability: As a student of Indian River State College, I hereby acknowledge that membership in the Student Support Services program (SSS) will involve participation in extracurricular and recreational activities, as well as off-campus student trips. Furthermore, as the undersigned, I hereby release and forever discharge the SSS program, the Board of Trustees, and the President of Indian River State College, its members individually, its officers, agents, and employees, from any and all claims, demands, rights, and causes of action and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and consequences thereof, resulting from participation in or in any way connected with such activities of the Student Support Services program. I have read the above carefully before typing my name and fully understand its content. Furthermore, I understand that this release and waiver of liability shall remain in effect for the duration of my membership and participation in the Student Support Services program.							
As a student of Indian River State College, I hereby acknowledge that membership in the Student Support Services program (SSS) will involve participation in extracurricular and recreational activities, as well as off-campus student trips. Furthermore, as the undersigned, I hereby release and forever discharge the SSS program, the Board of Trustees, and the President of Indian River State College, its members individually, its officers, agents, and employees, from any and all claims, demands, rights, and causes of action and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and consequences thereof, resulting from participation in or in any way connected with such activities of the Student Support Services program. I have read the above carefully before typing my name and fully understand its content. Furthermore, I understand that this release and waiver of liability shall remain in effect for the duration of my membership and participation in the Student Support Services program.	Parent's Typed Name: Date signed:						
extracurricular and recreational activities, as well as off-campus student trips. Furthermore, as the undersigned, I hereby release and forever discharge the SSS program, the Board of Trustees, and the President of Indian River State College, its members individually, its officers, agents, and employees, from any and all claims, demands, rights, and causes of action and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and consequences thereof, resulting from participation in or in any way connected with such activities of the Student Support Services program. I have read the above carefully before typing my name and fully understand its content. Furthermore, I understand that this release and waiver of liability shall remain in effect for the duration of my membership and participation in the Student Support Services program.	VII.Release & Waiver of Liability:						
Student's Typed Name: Date signed:	extracurricular and recreational activities, as well as off-campus student trips. Furthermore, as the undersigned, I hereby release and forever discharge the SSS program, the Board of Trustees, and the President of Indian River State College, its members individually, its officers, agents, and employees, from any and all claims, demands, rights, and causes of action and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and consequences thereof, resulting from participation in or in any way connected with such activities of the Student Support Services program. I have read the above carefully before typing my name and fully understand its content. Furthermore, I understand that this release and waiver of liability shall						
	Student's Typed Name: Date signed:						

CONFIDENTIALITY OF INFORMATION The personal information that is provided to the Student Support Services/TRIO Program will be protected under the Family Educational Rights and Privacy Act of 1974. No one will have access to the information unless he or she works with or for the Student Support Services/TRIO Program or is specifically authorized by the student in question to see the information. The information is necessary to help determine the success of participants in post-secondary education as authorized by the U.S. Department of Education. (20 United States code 1231a)

Educational Action Plan

Check which services you would like to receive from Student Support Services:

Advising Academic Advising/Degree Planning □	Transfer Planning College Information □	Academic Su Reading □	pport/Tutoring English 🗖
Financial Aid Application Assistance	College Application Assistance	Writing	Math □
Career Advising	College Visits □	Course name(s):	
One-on-one with a Student Support Services Advisor \square	9		
Student Support Services Mentor	Scholarship Information		
Help with classwork. ☐ If yes, with what classwork and how can we help? ☐ Explain below	Transfer Process		_
now can we help. B Explain bolow			

Workshops

Check	all	of	the	following	topics	that	may	inte	rest	an	d/c	or b	ene	fit y	you	:

Taking Good Notes ☐ Peer/Social Relationships ☐

Time Management ☐ Test Anxiety ☐

Stress Management ☐ Safety Techniques for Students ☐ Study Skills ☐ Surfing the Net/Internet Research ☐

Computer Skills ☐ Blackboard ☐

Financial Literacy	
Career Planning/Resume Writing 🗖	
Other 🗖	

Academic Needs Assessment

(Chool	Educational Motivation K True or False for the following questions.)	Academic Concerns (Check all statements which express how you feel.)
•		
TOFO	I know how to take good notes in class.	I have trouble reading college-level textbooks.
TOFO	I spend two hours studying for every hour I am in class during the week.	I have trouble taking notes from lectures.
TOFO	I study in the Library on a regular basis.	I would like to improve my grammar. □
TOFO	I study at home.	I am uncomfortable asking questions in class.
TOFO	I must have quiet when I study.	I learn best by actually doing something.
TOFO	I read my textbooks.	I learn best by listening to explanations. □
TOFO	I prepare for class ahead of time.	I learn best by watching something being done. □
TOFO	I read over my notes after class.	
TOFO	I finish assignments on time.	I am able to research and organize a term paper.
TOFO	I have set a goal to do well in college.	I have difficulty writing papers. □
TOFO	I accept responsibility for doing well in college.	I know when it is time to get help in a class. \Box
TOFO	It is up to the instructor whether or not I will learn in class.	I am uncomfortable asking for tutoring.
TOFO	Good grades are a matter of luck and timing.	I usually get someone's friend to help me with my classes. □
TOFO	When a subject is difficult for me. I study the easy parts.	I understand what I read. □
TOFO	I frequently wonder if school is really	I would like to increase my vocabulary. □
	worthwhile for me.	I have math anxiety. □
		I have test anxiety. □
		I use a calendar to keep track of when my exams and quizzes are to be given. \square
		I read my syllabus for each class. □

Comment to the extent that the applicant fu	Staff Commen	ts		
Eligibility Criteria:	-			
Academic Need:				
-				
Financial Need:				
Other:				
Recommended Actions:				
Recommended Actions:				
Staff Signature:				
Director Signature:				
	Office Use On	•		
Admit to the program? Yes O No	0 0	Date:		
7.002.72	ITERGRADELV (1)= 1st yr never attended	In File: Application		
(2) LI 2 \$30,660 3 \$38,730	(2)= 1 _{st} year attended before	□ Eligibility		
☐ (3) FG 4 \$46,800 5 \$54,870 —	(↓ 26 credits)	☐ Schedule ☐ Individualized Educational Plan & Assessment		
(5) D/LI 6 \$62,940 7 \$71,010 8 \$79,080	(3)= 2 _{nd} year/sophomore (26/+ credits)	☐ Income Tax, Director's Initials Adjusted Gross Income: \$		
FIRST ENROLLDT: Fall Spring Summer Year	/ /	☐ Disability Documentation ☐ Academic Needs Assessment		
FIRST SERVICEDT:/		☐ Intake Narrative		
NEEDCD ☐ (1) Low high school grades ☐ (2) Low admission test scores	☐ (12) Limited English profic ☐ (13) Lack of educational a			
□ (5) Predictive indicator □ (14) Lack of academic preparedness for college-level coursework □ (6) Diagnostic tests □ (15) Need for academic support to raise grade(s) in required course(s)/academic major				
☐ (7) Low college grades ☐ (8) High school equivalency ☐ (8) No response/Unknown				
☐ (9) Failing grades ☐ (10) Out of the pipeline for 5 or more years ☐ (11) Other				
□ Denied – REASON:				
Signed:		Date:		