

Application for Student Support Services

Section 1: Personal Information

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Social Security Number

Student ID Number

Name _____ **Date of Birth** _____
Last First Middle Month/Day/Year

Mailing Address _____
Street or P.O. Box City State Zip

Home Phone _____ **Cell Phone** _____ **Holmes Email** _____

Major _____ **Classification** Freshman (0-23 hours) Sophomore (≥24 hours)

Ethnic Background

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

Marital Status

- Single
- Married
- Separated
- Divorced
- Widowed

Gender

- Female
- Male

Section 2: Program Eligibility

Citizenship

Are you a U.S. Citizen or Permanent Resident of the United States? Yes No

Academic Need

Are you a high school graduate? Yes No If yes, what high school? _____

Did you receive your GED? Yes No

Have you completed the ACT or SAT? Yes No If yes, what is your *highest* composite score? _____

Do you plan to graduate from Holmes CC? Yes No

Do you plan to transfer to a senior college? Yes No

If yes, which college(s) are you interested in? _____

Semester and year first enrolled at Holmes CC Fall _____ Spring _____ Summer _____

Previous college(s) attended	Dates Attended	GPA	Did you graduate?

First-generation Status

What's the **highest level** of education completed by your parents?

Mother

- Did not graduate high school
- High school diploma/GED
- Associate degree (from 2 year college)
- Bachelor degree (from 4 year college)
- Master's degree or higher
- Unknown

Father

- Did not graduate high school
- High school diploma/GED
- Associate degree (from 2 year college)
- Bachelor degree (from 4 year college)
- Master's degree or higher
- Unknown

Financial Information

Have you completed the 2009-2010 Free Application for Federal Student Aid (FAFSA)? Yes No

How many people are in your household? _____

Have you received a financial aid award letter from Holmes CC? Yes No

What type of financial aid have you been awarded? (Check all that apply)

- Pell Grant
- Scholarship
- Loan
- Work-study
- MTAG
- None

Documented Disability

Do you have a documented physical disability? Yes No

Do you have a documented learning disability? Yes No

If yes to either of the above, have you registered with the Dean of Students? Yes No

Section 4: Additional Information

How did you hear about the Student Support Services program?

- College Orientation
- SSS Presentation/Ad
- Instructor or Staff
- Current SSS participant
- Other (please specify) _____

Shirt Size S M L XL 2X 3X Other _____

Where will you be living while in school?

- On campus
 - Off campus
 - At home with parent/guardian
 - Other _____
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- I certify that all information provided on this application is true.
- If accepted into Student Support Services, I agree to participate in the recommended activities and to keep my counselor informed of my academic progress.
- I give Student Support Services permission to obtain any academic or personal information that is necessary for providing assistance to me including but not limited to contacting my instructors, the Dean of Students, Residence life, my peer mentor or peer tutor, etc.
- I understand that I may be removed from SSS if I do not participate in recommended academic activities.

Student Signature _____

Date _____

For office use only:

Classification: F or S

GPA _____

Dorm _____

LIFG _____

LI _____

FG _____

DB _____

Accept _____

Not Accept _____

Date _____

Initials _____