OFFICE USE ONLY		
Letter sent		
Date sent		
Which letter		
Accepted		
Need info		
Inc. dis. doc.		
Not qualified		
Staff int.		





OFFICE USE ONLY
☐ FG ☐ LI ☐ DIS
☐ AA ☐ AS
Acad. Need
A B C CB D
Accept
Staff Int.

APPLICATION FOR ELIGIBILITY IN THE STUDENT SUPPORT SERVICES PROGRAM

The purpose of this form is to determine your eligibility for the Student Support Services program. In addition this form will serve as a means of enhancing information that will allow CF to provide the appropriate assistance you may need in order to successfully accomplish your educational goals.

Student ID No.:				
Date:	Birth Date:	Gender:	☐ Male ☐ Fer	male
MM/DD/YY	MM/DD/	YY		
Legal Name:	First	Mid	dle (complete)	Ir., etc.
Mailing Address:	1113	1911(4)	ne (complete)	Jr., etc.
	Street/P.O. Box	City	State	Zip Code
Telephone No.:		Cell No.:		
Email:				
Please answer both o	of the following regarding ethnicity	and race.		
Ethnicity Backgroun	d: Are you Hispanic, Latino/a, or Spa	anish origin? Yes No		
Race Origin:	American Indian/Alaskan Native	Asian		
	Black or African-American White (including Middle Eastern)			
	Native Hawaiian or other Pacific Is	lander		,
What degree are you se	eeking? Associate in Arts A			
Program of Study:				
Are you a U.S. citizen?		no, are you a permanent resident		No.
,			t?	No
•	sted for a learning disability? Yes	_		
, , ,	l or learning disability? Yes	_		
1. What is your disab	•			
2. Have you signed u	up with the Access Services office in th	e Bryant Student Union, Room	204?	s 📙 No
	nent that states the type/extent of yeccess Services office if you desire ar		d to this application	on
Have either of your pa	rents or guardians graduated from a f	four-year college?	No	
If yes, what college?	Father:			
	Mother:			
	Guardian:			

College of Central Florida does not discriminate against any person on the basis of race, color, ethnicity, religion, gender, pregnancy, age, marital status, national origin, genetic information, sexual orientation, gender identity, veteran status or disability status in its programs, activities and employment. For inquiries regarding nondiscrimination policies contact Dr. Mary Ann Begley, Director of Diversity and Inclusion – Title IX Coordinator, Ocala Campus, Building 3, Room 117H, 3001 S.W. College Road, 352-291-4410, or Equity@cf.edu.

AA-SSS2MKPR KV www.CF.edu 352-291-4417 Revised 2/28/2023 Page 1 of 5

Are you currently participating in any other TRiO pa	ogram?
Educational Opportunity Center	Upward Bound Talent Search
Have you applied for financial aid? Yes 1	No If yes, please check:
☐ I have not heard yet ☐ I am in the pr	ocess of verification
I have received my award letter and will be received	ving:
☐ PELL ☐ FSAG ☐ SEO	
☐ Bright Futures ☐ Prescription fo	
If other, please specify:	Tane block in dimerch
All students in Student Support Services are req	uired to apply for financial aid
All students in Student Support Services are req	uned to apply for infancial aid.
Are you 24 years of age or older? Yes No	
Are you married?	
Do you have at least one dependent child? You	es 🗍 No
, <u> </u>	_
If you answered yes to any of the previous three qu	
What was YOUR household's previous year TAXA	BLE income? \$
If you answered no to all of the above three questio	ns, what is the number in your PARENT'S household?
What was your PARENT'S household's previous y	rear TAXABLE income? \$
Please provide us a copy of your parents' (if dep	endent) 2021 income tax return and/or your (if independent) 2021
income tax return to determine your eligibility.	
What services would you most like to receive from S	Student Support Services?
Academic tutoring	Transfer assistance
Scheduling/registration assistance	Career guidance/exploration
Social activities	Assistance with financial aid forms and scholarship information
	Workshops or information on stress reduction, test anxiety, time
Special assistance for students with disabilities	management, goal setting and study tools, etc.
Peer mentor(s)	Other
I authorize the Student Support Sourcines staff to have	re access to any and all academic/financial aid records available from
* *	thorize the staff to make copies of any or all of these academic and financial
records with the understanding that all records will i	
I certify that I have read this application and that it is	s accurate and complete to the best of my knowledge.
Applicant's Cigartus	D AM /DD /W/
Applicant's Signature	Date (MM/DD/YY)
Return to: College of Central Florida, Student Suppo 34474-4415.	ort Services, 3001 S.W. College Road, Building 2, Room 205, Ocala, FL

For questions or additional information about the CF Student Support Services Program, contact 352-854-2322, ext. 1761.

Page 2 of 5

Participant:	
CF ID:	

CF STUDENT SUPPORT SERVICES PROGRAM **Eligibility Verification**

In order to be eligible for the Student Support Services program, certain federal guidelines must be met. Please fill in ALL of the blanks below that pertain to you. Then, be sure to place your signature and the date in the appropriate places. This information will be the final determination and verification of your eligibility into this program.

, verify that neither of my parents graduated from a four-year lege making me a FIRST GENERATION college student.		
Signature	Date: MM/DD/YY	
I, or my parents' previous year taxable income was \$, verify that there are people in my household and my	
Signature	Date: MM/DD/YY	
I,	, verify I have a documented disability or handicap.	
Signature	Date:	

Page 3 of 5

Participant:	
CF ID:	

CF STUDENT SUPPORT SERVICES PROGRAM Participant Contract

- I agree to participate in the Student Support Services program as outlined in the requirements listed below and as discussed with program staff.
- I agree to attend classes regularly.
- I understand that regular classroom attendance is defined by Student Support Services as having no more than three unexcused absences in any course during the term.
- If I am unable to attend a preset appointment I will call 352-854-2322, ext. 1761, to reschedule the appointment.
- I understand I will be notified by the Student Support Services staff of workshops, seminars, group activities, etc. offered by SSS each term via the SSS newsletter.
- I agree to participate in regularly scheduled tutoring sessions until my GPA is at or about 2.5 as assigned by the SSS staff.
- I agree to follow the prescribed freshman and/or sophomore plan as outlined in the intake packet and maintained in
 my file. The SSS staff will recommend appropriate times to schedule appointments for services, but I understand that
 it is <u>MY RESPONSIBILITY</u> for doing so. Failure to follow these plans <u>WILL</u> result in my being dropped from
 participation in the SSS program.
- I understand that more than two <u>unexcused</u> absences from tutorial appointments can result in termination of this service during that academic term and/or termination from the SSS program.

	Date:	
Student Signature	MM/DD/YY	
	Date:	
Director Signature	MM/DD/YY	

AA-SSS2MKPR KV www.CF.edu 352-291-4417 Revised 2/28/2023 Page 4 of 5

Participant:	
CF ID:	

CF STUDENT SUPPORT SERVICES PROGRAM Study Skills Needs Assessment

Please mark the following statements according to how much you feel you need help with the particular study skill area.

1 = Never2 = Almost Never3 = Sometimes5 = A Great Deal 4 = FrequentlyI need help with scheduling time for studying: 3 5 I need to learn how to stick to my schedule: I need to know how to use my time effectively: 3 I need to learn how to take better lecture notes in class: 1 3 I need to learn how to get more out of my reading materials: \Box 1 I need to learn how to concentrate better while studying: \Box 1 I need to learn how to identify and focus on important materials: 1 3 5 I need help with taking objective examinations: I need help with taking essay examinations: \Box 1 \square 2 3

Please indicate any study skills topic you would like to see included in a workshop:	

Yes No

Date: MM/DD/YY

I would attend a Study Skills Workshop:

Page 5 of 5