

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



| OFFICE USE ONLY | | | | |
|-----------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------|
| <input type="checkbox"/> FG | <input type="checkbox"/> LI | <input type="checkbox"/> DIS | | |
| <input type="checkbox"/> AA | <input type="checkbox"/> AS | | | |
| Acad. Need _____ | | | | |
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> CB | <input type="checkbox"/> D |
| Accept _____ | | | | |
| Staff int. _____ | | | | |
| Student ID No. _____ | | | | |

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.

Date: _____ **Birth Date:** _____ **Gender:** Male Female
MM/DD/YY MM/DD/YY

Social Security No.: _____

Legal Name: _____
Last First Middle (complete) Jr., etc.

Mailing Address: _____
Street/P.O. Box City State Zip Code

Telephone No.: _____ **Cell No.:** _____

Email: _____

Ethnic Origin: American Indian Asian
 Black White
 Hispanic Other _____
 Pacific Hawaiian

What degree are you seeking? Associate in Arts Associate in Science Program of Study: _____

Are you a U.S. citizen? Yes No If no, are you a permanent resident? Yes No

Have you ever been tested for a learning disability? Yes No

Do you have a physical or learning disability? Yes No

1. What is your disability? _____

2. Have you signed up with the Access Services office in the Bryant Student Union, Room 204? Yes No

A copy of any document that states the type/extent of your disability must be attached to this application or be on file in the Access Services office if you desire any form of accommodation.

Have either of your parents or guardians **graduated** from a four-year college? Yes No

If yes, what college? Father: _____
Mother: _____
Guardian: _____

Are you currently participating in any other TRiO program?

Educational Opportunity Center Upward Bound Talent Search

Have you applied for financial aid? Yes No If yes, please check:

I have not heard yet I am in the process of verification I am in the appeal process

I have received my award letter and will be receiving:

PELL FSAG SEOG Unsubsidized Student Loan Subsidized Student Loan
 Bright Futures Prescription for Success Take Stock in Children CF Foundation
 If other, please specify: _____

All students in Student Support Services are required to apply for financial aid.

Are you 24 years of age or older? Yes No

Are you married? Yes No

Do you have at least one dependent child? Yes No

If you answered **yes** to any of the previous three questions, what is the number in **YOUR** household? _____

What was **YOUR** household's previous year **TAXABLE** income? \$ _____

If you answered **no** to all of the above three questions, what is the number in your **PARENT'S** household? _____

What was your **PARENT'S** household's previous year **TAXABLE** income? \$ _____

Please provide us a copy of your parents' (if dependent) 2016 income tax return and/or your (if independent) 2016 income tax return to determine your eligibility.

What services would you most like to receive from Student Support Services?

Academic tutoring Transfer assistance
 Scheduling/registration assistance Career guidance/exploration
 Social activities Assistance with financial aid forms and scholarship information
 Special assistance for students with disabilities Workshops or information on stress reduction, test anxiety, time management, goal setting and study tools, etc.
 Peer mentor(s) Other _____

I authorize the Student Support Services staff to have access to any and all academic/financial aid records available from school(s) I attended or currently attend. I further authorize the staff to make copies of any or all of these academic and financial records with the understanding that all records will remain confidential.

I certify that I have read this application and that it is accurate and complete to the best of my knowledge.

Applicant's Signature

Date: MM/DD/YY

Return to: College of Central Florida, Student Support Services, 3001 S.W. College Road, Building 2, Room 205, Ocala, FL 34474-4415.

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

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.

I, _____, verify that neither of my parents graduated from a four-year college making me a **FIRST GENERATION** college student.

Signature Date: _____
MM/DD/YY

I, _____, verify that there are _____ people in my household and my or my parents' previous year taxable income was \$ _____.

Signature Date: _____
MM/DD/YY

I, _____, verify I have a documented disability or handicap.

My disability is:

Signature Date: _____
MM/DD/YY

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 **MY RESPONSIBILITY** for doing so. Failure to follow these plans **WILL** result in my being dropped from participation in the SSS program.
- I understand that more than two unexcused absences from tutorial appointments can result in termination of this service during that academic term and/or termination from the SSS program.

Student Signature

Date: _____
MM/DD/YY

Director Signature

Date: _____
MM/DD/YY

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 = Never 2 = Almost Never 3 = Sometimes 4 = Frequently 5 = A Great Deal

- | | | | | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|---|--------------------------|---|--------------------------|---|
| I need help with scheduling time for studying: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| I need to learn how to stick to my schedule: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| I need to know how to use my time effectively: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| I need to learn how to take better lecture notes in class: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| I need to learn how to get more out of my reading materials: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| I need to learn how to concentrate better while studying: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| I need to learn how to identify and focus on important materials: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| I need help with taking objective examinations: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| I need help with taking essay examinations: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| I would attend a Study Skills Workshop: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | | |

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

Date: _____
MM/DD/YY



COLLEGE OF CENTRAL FLORIDA NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION, USAGE AND RELEASE

Florida Statute 119.071(5) and Sections 483 and 484 of the Higher Education Act of 1965 authorize the collection, usage and release of your Social Security number by the College of Central Florida.

CF collects, uses and releases your Social Security number only if specifically authorized by law to do so or when it is imperative for the performance of its duties and responsibilities as prescribed by law. To protect your identity, the college will secure your Social Security number from unauthorized access; strictly prohibit the release of your Social Security number to unauthorized parties in compliance with state and federal law; and assign a unique CF Identification number. This identification number will be used for all associated employment and educational purposes at CF. Specifically, CF collects, uses or releases a Social Security number for the following purposes:

- **Admissions**
Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student Social Security numbers to the Internal Revenue Service. This IRS requirement makes it necessary for CF to collect the Social Security number of every student. A student may refuse to disclose their Social Security number to CF, but the IRS is then authorized to fine the student in the amount of \$50. In addition to the federal reporting requirements, the public school system in Florida uses Social Security numbers as a student identifier (section 229.559, Florida Statutes-new school code section 1008.386). In a seamless K-20 system, it is beneficial for postsecondary institutions to have access to the same information for purposes of tracking and assisting students in the smooth transition from one education level to the next. All Social Security numbers are protected by federal regulation under the Family Educational Rights and Privacy Act.
- **Continuing Education, Corporate Training**
Under Florida education reporting requirements students who enroll in Continuing Education and Corporate Training seminars are required to submit their Social Security number.
- **Financial Aid**
The Office of Financial Aid at CF requires students and parents of dependent students to submit their Social Security number on various forms in order to correctly identify applicants, match each applicant's financial aid application information and data with the institution's records, and to help coordinate state aid programs with federal and institutional aid programs.
- **Human Resources**
The Social Security number is used for legitimate business purposes for completing, processing or distributing the following: Employment Application Forms; Federal I-9 (Department of Homeland Security); Federal W4, W2, 1099 (Internal Revenue Service); Federal Social Security taxes (FICA); Federal W2 (Internal Revenue Service); Unemployment Insurance (Florida Department of Revenue); Florida Retirement System (Florida Department of Revenue); Workers Compensation Claims (FCSRMC and Department of Labor); Federal and State Employee and Educational Reports; Direct Deposit Files (Bank of America, ACH); 403b and 457b contribution reports; group health, life and dental coverage; completing and processing various supplemental insurance deduction reports; background checks; and payroll documents.
- **Workforce Programs**
These programs use Social Security numbers as identifiers for program enrollment and completion. Also, it is used for entering placement information into either the One Stop Management Information System or the Employ Florida Marketplace statewide data collection and reporting system. Because these are performance based contract programs, it is required that all participants and their program related activities be recorded in the Florida state systems.
- **Miscellaneous**
The Social Security number is used for identification and verification, billings and payments, data collection, reconciliation, tracking, benefit processing and tax reporting.
- **Release Statement**
Social Security numbers may be disclosed only pursuant to Florida Statute 119.071 (6a–6h).
- **Independent Contractors**
The college collects contractors' Social Security numbers in order to file information with the Internal Revenue Service, as required and authorized by federal law.