

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. _____

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

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

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

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

Email: _____

Please answer both of the following regarding ethnicity and race.

Ethnicity Background: Are you Hispanic, Latino/a, or Spanish origin? Yes No

Race Origin: American Indian/Alaskan Native Asian
 Black or African-American White (including Middle Eastern)
 Native Hawaiian or other Pacific Islander

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) 2019 income tax return and/or your (if independent) 2019 income tax return to determine your eligibility.

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

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