

**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 \_\_\_\_\_

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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:** \_\_\_\_\_  
MM/DD/YY

**Birth Date:** \_\_\_\_\_  
MM/DD/YY

**Gender:**  Male  Female

**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: \_\_\_\_\_



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