



STUDENT SUPPORT SERVICES (SSS) PROGRAM APPLICATION

FALL
SPRING

1. -

STUDENT I.D.

____/____/____
2. APPLICATION DATE

3. STUDENT NAME: _____
Last First MI.

4. BIRTH DATE: ____/____/____ 5: SEX: [F] [M]

6. ADDRESS: _____
Street Apt# City State Zip Code

7. PHONE: () _____ Email: _____
Area Code Phone #

8. STUDENT ETHNICITY: *(Please check one):*

- A. American Indian or Alaska Native
- B. Asian
- AC Chinese
- AF Filipino
- AI Asian Indian
- AJ Japanese
- AK Korean
- AL Laotian
- AM Cambodian
- AV Vietnamese
- C. Black or African American
- D. White
- E. Hispanic or Latino
- HM Mexican
- Mexican-American
- HPR Puerto Rican
- HC Cuban
- HC/S Central or South American
- HX Other Spanish Culture
- F. Native Hawaiian or other Pacific Islander
- PG Guamanian
- PH Hawaiian
- PS Samoan
- G. Homeless
- H. Former Foster Youth

9. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT? YES NO

10. MARITAL STATUS *(Please check one):*

Single [U] Married [M] Divorced [D] Separated [S] Widowed [W]
(Never married)

11. DO YOU HAVE A PHYSICAL OR LEARNING DISABILITY? YES NO *(If yes, provide documentation.)*

12. EDUCATION: WHAT IS YOUR ACADEMIC MAJOR? _____

INDICATE WHICH OF THE FOLLOWING YOU HAVE RECEIVED:

- A. HIGH SCHOOL DIPLOMA
- B. GED
- C. CALIF. PROFICIENCY EXAM
- D. FOREIGN DIPLOMA
- E. NON-GRADUATE

13. EDUCATIONAL OBJECTIVE:

- A. TRANSFER WITH AA/AS _____ TRANSFER SCHOOL _____
- B. TRANSFER WITHOUT AA/AS _____ TRANSFER SCHOOL _____
- C. VOCATIONAL CERTIFICATE ONLY _____
- D. OBTAIN AA/AS DEGREE ONLY _____
- E. BUILD ENGLISH SKILLS _____

PROGRAM QUESTIONNAIRE

14. PRIOR COLLEGE OR UNIVERSITY ATTENDED: *(Please provide transcripts of all colleges or universities attended).*

COLLEGE OR UNIVERSITY

DIPLOMA GRANTED/ UNITS COMPLETED

A. _____

A. _____

B. _____

B. _____

FAMILY INFORMATION

15. HOW MANY PEOPLE ARE LIVING IN YOUR HOUSEHOLD? (INCLUDE YOURSELF) _____

A) SINGLE PARENT YES n NO (CHECK ONE)
(YOURSELF)

B) NUMBER OF CHILDREN

16. HIGHEST EDUCATION LEVEL COMPLETED:

MOTHER

FATHER

LESS THAN HIGH SCHOOL

LESS THAN HIGH SCHOOL

GED

GED

HIGH SCHOOL GRADUATE

HIGH SCHOOL GRADUATE

SOME COLLEGE

SOME COLLEGE

COLLEGE DEGREE (BA/BS)

COLLEGE DEGREE (BA/BS)

GRADUATE OR PROFESSIONAL DEGREE

GRADUATE OR PROFESSIONAL DEGREE

17. WHAT SERVICE(S) DO YOU NEED? *(Please check as many as you would like and add others for consideration.)*

MARKING A CATEGORY DOES NOT GUARANTEE THAT WE PROVIDE THOSE SERVICES.

WORK ACTIVITY

TUTORING SERVICES

CULTURAL EVENTS/ FIELD TRIPS

CHILD CARE REFERRAL

EDUCATIONAL WORKSHOPS

TRANSPORTATION REFERRAL

CAREER EXPLORATION

ACADEMIC/ RETENTION COUNSELING

FINANCIAL AID ASSISTANCE

JOB PREPARATION AND
LIFE SKILLS SEMINARS

OTHER (PLEASE LIST) _____

18. What is your estimated family taxable income for last year?

\$0-\$18,735

\$18,735-\$25,635

\$25,635-\$31,995

\$31,995-\$38,625

\$38,625-\$45,255

\$45,255-\$51,885

\$51,885-\$58,515

\$58,515-\$65,145

\$65,145 and higher

a) Did you apply for financial aid for the current school year? YES NO

b) What type of financial assistance are you receiving?

Scholarship Grant Loan Veteran's Other No Assistance

c) If you do not receive any financial aid, will you need assistance applying? YES NO

d) Are you receiving Supplemental Security Income (SSI)? YES NO

EMPLOYMENT HISTORY

19. ARE YOU CURRENTLY EMPLOYED? YES NO FULL-TIME ___ PART-TIME ___ HOURS PER WEEK ___

If yes, where are you working? _____

RECRUITMENT INFORMATION

20. ARE YOU A MEMBER OF ANY OTHER STUDENT SERVICES PROGRAM ON CAMPUS? *(Please check all that apply.)*

EOP&S/CARE OSS CALWORKS OTHER: _____

21. HOW DID YOU HEAR ABOUT THE TRIO STUDENT SUPPORT SERVICES (SSI) PROGRAM?

PROFESSOR ANOTHER STUDENT PRINTED MATERIAL ACADEMIC DEPARTMENT
 COUNSELING DEPT OTHER: _____

NOTE: TO BE SSS ELIGIBLE, STUDENTS MUST BE ENROLLED IN 9 UNITS (OR 6 UNITS IF IN THE OSS PROGRAM) AND MAINTAIN A 2.0 GRADE POINT AVERAGE (GPA) EACH SEMESTER. UPON ADMISSION TO THE PROGRAM, STUDENTS ARE REQUIRED TO ATTEND AN ORIENTATION.

BY SIGNING BELOW, I GIVE THE SSS PROGRAM PERMISSION TO VIEW MY RECORDS TO DETERMINE MY ELIGIBILITY.

STUDENT'S SIGNATURE _____ DATE ____/____/____

OFFICE USE ONLY

ELIGIBILITY

1. CALIFORNIA RESIDENT YES NO

2. UNITS ENROLLED _____ FIRST SEMESTER AT LACC FALL _____ SPRING _____

3. TOTAL LACC UNITS _____ OTHER COLLEGE _____ TOTAL _____

4. BOGG QUALIFIED or Promise
Grant

5. EDUCATIONALLY DISADVANTAGED

A. ASSESSMENT: ENGLISH _____ MATHEMATICS _____

B. OTHER COLLEGE ASSESSMENT: ENGLISH _____ MATH _____ COLLEGE _____

C. ENTERING PROGRAM ON ACADEMIC/PROGRESS PROBATION YES NO

D. LACC G.P.A. _____ OTHER COLLEGE G.P.A. _____

APPROVED BY

_____/_____/_____
DATE

Educational Factors (Federal Government Approved) SELECTION POINT SYSTEM

CHARACTERISTIC	POINTS	APPROVED
LOW INCOME	3	
FIRST GENERATION	3	
DISABLED	3	
LOW INCOME AND FIRST GENERATION	4	
LOW INCOME AND DISABLED	4	
LOW INCOME AND FIRST FIRST GENERATION AND DISABLED	4	
INCOMING FRESHMAN	4	
SOPHOMORE	3	
COLLEGE REFERRAL	4	
READING OR MATH PLACEMENT BELOW COLLEGE LEVEL	3	
READING AND MATH PLACEMENT BELOW COLLEGE LEVEL	4	
ON ACADEMIC OR PROGRESS PROBATION	3	
HIGH SCHOOL OR COLLEGE GPA BELOW 2.5	3	
TRANSFER AS GOAL	3	
GRADUATION AND TRANSFER AS GOALS	3	
RETURNING ADULT	2	
SINGLE PARENT	2	
ESL STUDENT	2	
SELF-IDENTIFIED AS NEEDING STUDY OR BASIC SKILLS	3	
	TOTAL	