

# Student Support Services Program Application



Name \_\_\_\_\_ ID# \_\_\_\_\_

Barrington address \_\_\_\_\_ Campus/Local Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Email address \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Year in College: Fr. So. Jr. Sr.  
(Circle one)

Race/Ethnic Background: African American \_\_\_\_\_ Hispanic American \_\_\_\_\_

Caucasian \_\_\_\_\_ Native American Indian \_\_\_\_\_

Asian American \_\_\_\_\_ Other \_\_\_\_\_

Do you belong to (please check): \_\_\_\_\_ EOP \_\_\_\_\_ CSTEP

I want to participate in Student Support Services for: (check all that applies)

- |  |                                |
|--|--------------------------------|
| _____ Academic Advising/Counseling     | _____ Study Skills             |
| _____ Career Counseling                | _____ Financial Aid Counseling |
| _____ Graduate School Mentoring        | _____ Personal Counseling      |
| _____ Computer Loan Program            | _____ Academic Workshops       |
| _____ Tutoring – name of course? _____ |                                |

- | Yes      | No    |  |
|----------|-------|--|
| 1. _____ | _____ | Are you a United States Citizen?                           |
| 2. _____ | _____ | Do either of your parents have a 4-year college degree?    |
| 3. _____ | _____ | Did you apply for financial aid? If not, why not?<br>_____ |
| 4. _____ | _____ | Do you have a documented disability?<br>Explain: _____     |

**I hereby give the Student Support Services Program my permission to:**

- 1. Examine my financial aid information in order to determine my eligibility for the Student Support Services Program.**
- 2. Access my educational records and other relevant information in order to assess the services to be provided.**
- 3. Evaluate my academic progress.**

**I certify that the above information is accurate and complete to the best of my knowledge.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date