



**NATIONAL PARK COMMUNITY COLLEGE
STUDENT SUPPORT SERVICES**

Application Form 2010—2011

Please complete this form and return it to the Student Support Services office to make an appointment for an interview with a SSS staff member.

Name: _____ Birthday: _____ Date: _____

Social Security Number: _____ Phone: _____

Email address: _____

1. WHICH SUPPORT SERVICES ARE YOU INTERESTED IN?

- _____ Individual academic advisement
- _____ Workshops tailored to meet the needs of students
- _____ Tutoring
- _____ Transfer trips to 4-year institutions
- _____ Financial aid advice and referrals
- _____ Personal counseling
- _____ Career development testing and services
- _____ Cultural enrichment activities
- _____ Disabilities assistance and adaptive equipment instruction

Other: _____

2. HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD, INCLUDING YOURSELF? _____

3. WHAT WAS YOUR TAXABLE INCOME FOR 2009 \$ _____

4. HAVE YOU APPLIED FOR ANY STUDENT FINANCIAL AID (FAFSA)? YES NO

5. ARE YOU RECEIVING ANY STUDENT FINANCIAL AID? YES NO

6. DO EITHER OF YOUR PARENTS HAVE A FOUR-YEAR COLLEGE DEGREE? YES NO

7. ARE YOU A UNITED STATES CITIZEN? YES NO

8. DO YOU HAVE ANY PHYSICAL OR EMOTIONAL DISABILITIES? YES NO

NAME OF REHABILITATION COUNSELOR _____

9. CURRENT SEMESTER ENROLLMENT: _____ Credit Hours OPTIONAL: Race _____ Gender _____

10. ACADEMIC GOAL: Associate, 2 Year _____ Bachelor, 4 Year _____

Degree Plan or Major _____

4 Year Institution Being Considered _____

I certify that all information on this form is true and correct. I understand that all information will be kept confidential and may be released only with my approval.

Student Signature: _____

FOR OFFICE USE ONLY

Comments on interview (basis for acceptance/denial): _____

Accepted: _____ Denied: _____ Advisor: _____ Date: _____

Income verified: _____