



NATIONAL PARK COMMUNITY COLLEGE
STUDENT SUPPORT SERVICES
Application Form 2009—2010

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 2008 \$ _____

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: _____