

For SSS Use Only:

# 2009-10 STUDENT APPLICATION

Eligibility Code \_\_\_\_\_ Need Code \_\_\_\_\_

Student Support Services (SSS/TRiO)

First Enroll Date \_\_\_\_\_ Project Entry Date \_\_\_\_\_ Staff \_\_\_\_\_

Century College

## PERSONAL DATA

\*all information will be held in strict confidence in compliance with the Family Educational Rights and Privacy Act

Today's Date: \_\_\_\_\_ Birth Date: Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Century Student ID # : \_\_\_\_\_ (required)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number/Street Apt. No.

City State Zip

Phone Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ E-Mail address: \_\_\_\_\_

### Gender:

- 1. Male
- 2. Female

### Marital Status:

- Single
- Married

### Citizenship Status:

- U.S. Citizen
- Resident Alien
- Permanent Resident of Trust Territories
- Other (\_\_\_\_\_)

### Race/Ethnic Background:

- 1. American Indian or Alaska Native
- 2. Asian
- 3. Black or African-American
- 4. Hispanic or Latino
- 5. White
- 6. Native Hawaiian or Pacific Islander

REFERRAL: How did you hear about Student Support Services ? \_\_\_\_\_

## INCOME ELIGIBILITY (completion of this section is required)

1) Are you receiving financial aid? YES or NO (CIRCLE ONE) **If yes, print a copy of your award letter.**

2) For financial aid purposes, are you considered DEPENDENT\*\* or INDEPENDENT? (CIRCLE ONE)

\*\* Generally, if you are under 24 years of age, single, and have no children, you are a DEPENDENT.

If <u>Dependent</u> , complete this section	If <u>Independent</u> , complete this section
<p>How many family members are in your parents' household, including yourself? _____</p> <p>Did your parents file a federal income tax return for 2008? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what was their taxable income? _____ (IRS form 1040, line 43; IRS form 1040-A, line 27; IRS form 1040-EZ, line 6)</p> <p>If no, place a "0" on line for taxable income. <b>Submit your <u>parents'</u> income tax return OR a copy of your financial aid award letter.</b></p>	<p>How many family members are in your household, including yourself? _____</p> <p>Did you file a federal income tax return for 2008? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what was your taxable income? _____ (IRS form 1040, line 43; IRS form 1040-A, line 27; IRS form 1040-EZ, line 6)</p> <p>If no, place a "0" on line for taxable income. <b>Submit your <u>personal</u> income tax return OR a copy of your financial aid award letter</b></p>

**HOUSEHOLD INFORMATION (any applicant with children must complete)**

NAME OF CHILD

DATE OF BIRTH (MM/DY/YR)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**PARENT EDUCATION**

What is the highest level of education completed by your parents? Check one for **each** parent.

	Grade School (grade 1-6)	High School (grade 7-12)	Some College (No Degree)	2-Year College Degree (Associate's Degree)	4-Year College Degree (Bachelor's Degree)	Graduate Degree	Unknown
Mother							
Father							

If you were raised in a single-parent household prior to age 18 and that single-parent did not receive a 4-year degree, check here.

**STUDENT DISABILITY INFORMATION**

- Are you registered with or receiving disability services through Century's Access Center?  
 Yes     No
- If yes, please identify your disability: \_\_\_\_\_

**STUDENT EDUCATIONAL HISTORY**

Do you plan to receive a degree? yes    no    If yes, what degree? \_\_\_\_\_

Do you plan to transfer? yes    no

Please list all other colleges and universities you have attended. Include dates and degree/diploma attained, if applicable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## STUDENT CERTIFICATION and RELEASE

I, the above named applicant, certify that the information I have provided on this application is complete and correct. I authorize SSS staff to obtain records or data in support of my application from other sources, and to release information as required by the grant-funding agency of the United States Government. I agree that if I am accepted into SSS, program staff may have access to my academic and financial aid records and may include my name as a participant in SSS publications. **Note: SSS is a federally funded TRIO program. The US Dept. of Education requires reporting by Social Security number. If accepted into the program, you will be required to provide this information.**

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

\_\_\_\_\_  
Date

## APPLICANT'S PERSONAL STATEMENT

**Briefly explain your educational and career goals. Do you plan to be a full-time or part-time student? Can you think of anything that might keep you from completing your goals?**

## How can we help you complete your goals? (check all that apply)

### Academic Skills:

- Time Management
- Study Skills
- Test Taking/Test Anxiety
- Reading Comprehension
- Writing
- Organization
- Note Taking
- Math Skills
- Basic Computer Skills
- Tutoring
- Learning Strategies

### Advising and Career:

- Career Planning
- Choosing a Major
- Academic Advising/Planning/Course Selection
- Transfer Planning
- Goals/Decision Making
- Financial Aid Advising

### Other:

**Your SSS application must be completed, signed and returned to the address below before you can be evaluated for admission into the Student Support Services (SSS/TRiO) Program. Submit your application to:**

*Student Support Services (SSS/TRiO)  
Room 2460 (West)*

*3300 Century Avenue, White Bear Lake, MN 55110  
Questions? Please call us at 651.779.3226*



# GET OFF TO A GOOD START!

## STUDENT SUPPORT SERVICES

- Academic Advising and Counseling
- One-on-One Professional Tutoring
- Individualized Study Skills Assistance
- College Transfer Planning & College Visits
- Advocacy on Financial Aid Issues
- Personal and Cultural Enrichment

**Student Support Services/TRIO  
Room 2460 West  
Phone 651-779-3226**



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