



STUDENT SUPPORT SERVICES APPLICATION

Please Type or Print in Blue or Black Ink.

Campus Attending Classes: Blackwood Campus Camden City Campus

Last Name:		First Name:		M.I.:
Street Address:			Apartment #:	
City:		State:	Zip:	Email:
Phone Numbers:		Home:		Social Security #:
		Cell:		CCC ID #:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Birthdate: ____/____/____		Age: _____

Citizenship / Ethnic / Racial Group

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
If you are not a U.S. Citizen, are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Enter Permanent Resident Alien Number: _____	

PLEASE CHECK ONE BOX TO INDICATE THE RACE GROUP WHICH YOU THINK BEST APPLIES TO YOU.

- American Indian/Alaska Native
 Asian
 Black or African-American
 Native Hawaiian/Pacific Islander
 White
 Other
 More than one Race
 Ethnicity Unknown
 I prefer not to disclose

Are you Hispanic or Latino? Yes No

Have you ever participated in another TRIO program? (Check all that apply.)	<input type="checkbox"/> Upward Bound <input type="checkbox"/> Talent Search <input type="checkbox"/> EOC <input type="checkbox"/> SSS <input type="checkbox"/> McNair Scholars
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Are you a part of the Educational Opportunity Fund (EOF) Program? Yes No

Education

Have you or will you graduate from high school? Yes No Did you receive a GED? Yes No Year: _____

What High School did/will you graduate from? _____

Previous College(s) Attended: _____

When did you begin coursework at Camden County College? Fall Spring Summer Year: _____

When do you expect to graduate? Fall Spring Summer Year: _____

What is your current classification? Freshman Sophomore

What is your current GPA? _____ Enrollment Status? Full-time Part-time Hours Enrolled: _____

What is your major? _____

Do your parent(s) or legal guardian have a bachelor's degree? Yes No if yes: Mother Father Both

Have you ever been in foster care or in a court appointed guardianship? Yes No
If yes, were you in foster care after the age of 13 years-old? Yes No

Check all the services you would benefit from:

<input type="checkbox"/> Academic Advising	<input type="checkbox"/> Career Development	<input type="checkbox"/> Leadership Development
<input type="checkbox"/> Financial Education	<input type="checkbox"/> Transfer Advising	<input type="checkbox"/> Tutoring

Financial Information

What is the total number of persons in your family? _____

Did you or your parent(s) file taxes last year? Yes No

Check the range that includes your household income for last year:

- \$ 0 - \$19,320 \$32,941 - \$39,750 \$53,371 - \$60,180
 \$19,321 - \$26,130 \$39,751 - \$46,560 \$60,181 - \$66,990
 \$26,131 - \$32,940 \$46,561 - \$53,370 Over \$66,991

I certify that the information entered here in this section is true and correct to the best of my knowledge.

Signature _____ Date ____/____/____

STUDENT CONTRACT

It is expected that each student participating in the program will be dedicated to academic excellence. With my signature, I agree to the following:

- 1) Meet with my Success Coach a minimum of two times during the semester (at least once in person).
- 2) Attend a minimum of one Student Success Workshop, SSS activity and/or cultural educational activity per semester.
- 3) If I am on academic probation or receive an early alert, I agree to contact SSS to set up an academic plan of action.
- 4) I agree to work towards achieving the goals outlined in my Individual Academic Plan (IAP)
- 5) Comply with all rules and guidelines in order to remain eligible in the SSS program provided by College.

STUDENT CONSENT

I authorize Student Success Programs staff to access any records required in assisting me including, but not limited to:

- Disability Services
- Registrar's Office/Student Records
- Financial Aid Office
- Faculty members regarding academic progress

I agree to have my photo used to promote the program. (note: acceptance is not contingent upon agreement)

I certify that the information included on this application is true and correct to the best of my knowledge. If additional documentation is required, I agree to submit required documentation in a timely manner. I understand that if found that I have intentionally misrepresented myself, it is sufficient cause for dismissal from the Student Support Services Program.

Signature _____ Date ____/____/____

Return to:

Mail: 200 N. Broadway (Suite 209), Camden, NJ 08102

Email: StudentSupport@camdencc.edu

Fax #: (856) 968-1397