

## 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	

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?

Did either of your parents or legal guardian earn a Bachelor's degree before your 18th birthday?    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:

- Academic Advising  
  Career Development  
  Leadership Development  
 Financial Education  
  Transfer Advising  
  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 - \$21,870       \$37,291 - \$45,000       \$60,421 - \$68,130  
 \$21,871 - \$29,580       \$45,001 - \$52,710       \$68,131 - \$75,840  
 \$29,581 - \$37,290       \$52,711 - \$60,420       Over \$75,841

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)

Opt in for TRIO SSS text message program alerts. The text messages are only related to TRIO SSS program information. If yes, please add phone number. \_\_\_\_\_

I certify that the information included in this application is true and correct to the best of my knowledge. If additional documentation is required, I agree to submit the 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:** CTC, 601 Cooper Street, Suite 211, Camden, NJ 08102

**Email:** StudentSupport@camdencc.edu

**Fax #:** (856) 968-1397