



# Mountain Empire Community College Student Support Services Application



SSS provides free academic support and other services to persons who fit into one or more of the following categories: first generation (meaning neither parent earned a bachelor's degree), low-income, or with documented disabilities. This program is 100% funded by the Federal Department of Education.

DATE: \_\_\_\_\_ Have you received services before? Y  N  If yes, semester: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ MECC ID#: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MI SUFFIX (JR, SR, II)

ADDRESS: \_\_\_\_\_  
STREET ADDRESS/PO BOX CITY STATE ZIP CODE

CELL PHONE: \_\_\_\_\_ HOME/WORK PHONE: \_\_\_\_\_

GENDER: M  F  Are you a US Citizen? Y  N  If no, are you a permanent resident? Y  N

ETHNICITY:  American Indian/Alaska Native  Asian  Black  Hispanic/Latino  
 White  Native Hawaiian or Pacific Islander  Other (please specify): \_\_\_\_\_

Did either of your parents/guardians earn a bachelor's (four-year) degree? Y  N

Have you earned an Associate's or Bachelor's Degree? Y  N

Do you have a documented learning or physical disability? Y  N

If yes, are you registered with the MECC Disability Office? Y  N

Are you receiving need based financial aid (PELL, COMA)? Y  N

Have you ever participated in a TRIO Program such as Upward Bound or Talent Search? Y  N

Do you work while attending school? Y  N  How many credit hours are you taking this semester? \_\_\_\_\_

What is your major? \_\_\_\_\_

Are you in a degree program? Y  N  Who is your advisor? \_\_\_\_\_

Do you plan to transfer after MECC? Y  N  Where? \_\_\_\_\_

Please tell us what you plan to accomplish while you are at MECC: \_\_\_\_\_

Please tell us what you plan to accomplish in the next 5 years: \_\_\_\_\_

(CONTINUED ON BACK)

I state that I have \_\_\_\_\_ number of individuals in my household and that the combined family **taxable income** falls into one of the ranges below:

- \$0 - \$18,210       \$18,211 – \$24,690       \$24,691 - \$31,170       \$31,171 - \$37,650       \$37,651 - \$44,130  
 \$44,131 - \$50,610       \$50,611 - \$57,090       \$57,091 - \$63,570  
 Our taxable income exceeds those listed       Our family did not file taxes for the 2017 tax year

By signing I am stating that this information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

Relationship to student:  Self       Parent       Legal Guardian

I authorize the SSS Program to gather financial aid reports, transcripts, and other necessary information pertinent to my participation in this program. I understand that a copy of my application will be kept on file in the SSS Program office and all resulting information received will be kept confidential in compliance with the Family Rights and Privacy Act.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TRIO STAFF SIGNATURE

\_\_\_\_\_  
DATE

I give permission to contact me via text message:  Y  N      Number: \_\_\_\_\_

What are some obstacles that would most likely prevent you from completing your academic goals? (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Lack of Childcare              | <input type="checkbox"/> Bad Grades               | <input type="checkbox"/> Financial concerns related to school |
| <input type="checkbox"/> Poor study habits              | <input type="checkbox"/> Problems at home         | <input type="checkbox"/> Too shy                              |
| <input type="checkbox"/> Financial concerns             | <input type="checkbox"/> Transportation Issues    | <input type="checkbox"/> No support system                    |
| <input type="checkbox"/> Lack of place to study         | <input type="checkbox"/> Trouble Concentrating    | <input type="checkbox"/> No motivation                        |
| <input type="checkbox"/> Feeling out of place at school | <input type="checkbox"/> No close friends at MECC | <input type="checkbox"/> Trouble Sleeping                     |
| <input type="checkbox"/> Unsure of major/career plans   | <input type="checkbox"/> Test Anxiety             | <input type="checkbox"/> Lack of computer skills              |

## **STAFF USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE**

Eligibility:  (1) LI/FG     (2) LI Only     (3) FG Only     (4) D     (5) LI/D

How does student qualify for services? 1  2  3  4  5  6  8  9  10  11  12  13  14  15

First Enrollment date at MECC: \_\_\_\_\_ Date of First Service: \_\_\_\_\_ Enrollment Status: \_\_\_\_\_

Cohort Status \_\_\_\_\_ Participant Status (1 – 7) \_\_\_\_\_

Current GPA: \_\_\_\_\_ Degree  Certificate  Student taking developmental courses: \_\_\_\_\_

Degree Progress Report Y  N  Credit hours completed to date: \_\_\_\_\_

Current Grade Level: F: NA(1)  F: AB(2)  S: (3)

Credit hours to degree completion: \_\_\_\_\_ Projected Graduation Date: \_\_\_\_\_

Transfer  Not Transfer  If yes, where: \_\_\_\_\_

Receiving Financial Aid: Y  N  Tutoring Request: \_\_\_\_\_

