Student Support Services Application

Information collected on this form is for Student Support Services Program use only and is in no way connected to any decisions that will be made about your admissions status at this college. This is not a general admissions application form.

Name: _____ **Date:** _____
First Middle Last

SS#: _____ **Phone:** _____

Unique ID#: _____

Mailing Address: _____

_____
City State Zip

Gender: ☐ Male ☐ Female **Birth Date:** _____

E-Mail Address: _____

Are you a U.S. Citizen? ☐ Yes ☐ No If not,are you a permanent resident of the U.S.? ☐ Yes ☐ No

Marital Status: _____ **# of Dependants:** _____

Start Semester at Southwestern: _____ Major: _____
Semester/Year

Class Status: ☐ Freshman ☐ Sophomore Have you ever attended another college? ☐ Yes ☐ No

Number of Hours Enrolled: _____ Have you attended SWCC before? ☐ Yes ☐ No

Name of high school attended _____ (check one) Diploma____ GED____

*** Ethnic Background:** (check all that apply)

☐ White ☐ Black (African American) ☐ Native Hawaiian or Pacific Islander
☐ Hispanic/Latino ☐ Native American/Alaskan ☐ Asian ☐ Other: _____

*** Educational Level of Parents:**

Did either of your parents/guardians receive a four-year bachelor's degree? ☐ Yes ☐ No

*** Financial Need:**

Have you filed for financial aid? ☐ Yes ☐ No If no, do you plan to file for financial aid? ☐ Yes ☐ No

From the tax return information you (or your parents) submitted to financial aid, did you file as:

☐ Single ☐ Head of household ☐ Married filling jointly or widowed ☐ Married filling separately

If you have not/do not plan to file for financial aid you must submit your tax forms to verify income.

Pell Grant ☐ Yes ☐ No Farm Focus ☐ Yes ☐ No
WIA ☐ Yes ☐ No Voc. Rehab. ☐ Yes ☐ No
Promise Jobs ☐ Yes ☐ No

*** Educational Plans:**

Do you plan to transfer to a four-year institution to earn a bachelor's degree? ☐ Yes ☐ No

What institution do you plan to transfer to? _____

*** Disability Information: (Optional)**

Do you have a documented physical, mental, or learning disability? ☐ Yes ☐ No

If you are an individual with a disability, please be sure to contact the Coordinator of Disabiliyt Services at (641) 782-1458

Students are required to provide documentation of their disability. All documentation will be kept strictly confidential.

I attest that all the above information on this application is true and accurate to the best of my knowledge. The college reserves the right to admit or deny any student enrollment in the SSS program. Completion of this application does not guarantee acceptance into SSS.

_____ _____ _____ _____
Student Signature Date Staff Signature Date

SWCC Southwestern Community College

"Equal Opportunity Educator and Employer"
For more information regarding the nondiscrimination policy
At Southwestern, please contact: Educational Equity Coordinator,
(641) 782-1456 or 1-800-247-4023, ext. 456.

TRiO STUDENT SUPPORT SERVICES