

**2011-12 STUDENT APPLICATION**  
Student Support Services (SSS/TRiO)



**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 (\_\_\_\_\_)

**Are you Hispanic or Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Racial background (select one or more)**

\_\_\_\_\_ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

\_\_\_\_\_ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.

\_\_\_\_\_ **Black or African American** - A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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

For SSS Use Only: Eligibility Code \_\_\_\_\_ Need Code \_\_\_\_\_ First Enroll Date \_\_\_\_\_ Project Entry Date \_\_\_\_\_  
Staff \_\_\_\_\_

**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>Did your parents file a federal income tax return for 2010? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If YES, YOU MUST SUBMIT A COPY OF YOUR PARENTS' INCOME TAX RETURN</b></p> <p><b>If NO, PARENT MUST COMPLETE:</b></p> <p>Income: _____</p> <p>Parent Name: _____ (please print)</p> <p>Parent Signature: _____</p>	<p>How many family members are in your household, including yourself? _____</p> <p>Did you file a federal income tax return for 2010? 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.</p> <p><b>Verification of Income Information Provided:</b></p> <p>Applicant Signature: _____</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
<b>Mother</b>							
<b>Father</b>							

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**

1. Are you registered with or receiving disability services through Century's Access Center?  
\_\_\_\_\_ Yes    \_\_\_\_\_ No
2. 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:

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**APPLICANT'S PERSONAL STATEMENT (please address the following points)**

1. Briefly explain your educational and career goals.
2. Do you plan to be a full-time or part-time student?
3. 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:**

- Financial Literacy

\_\_\_\_\_

**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

**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*



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