

Letter Sent \_\_\_\_\_  
 Date Sent \_\_\_\_\_  
 Which Letter:  
 Accepted \_\_\_\_\_  
 Need Info \_\_\_\_\_  
 Inc. dis. Doc. \_\_\_\_\_  
 Not Qualified \_\_\_\_\_  
 Staff Init. \_\_\_\_\_

College of Central Florida  
 Application form for eligibility in the  
 Student Support Services Program

FG    LI    DIS  
 AA    AS  
 Acad. Need: \_\_\_\_\_  
 \_\_\_\_\_  
 A    B    C    CB    D  
 Accept \_\_\_\_\_  
 Staff Init. \_\_\_\_\_  
 Student I.D.# \_\_\_\_\_

The purpose of this form is to determine your eligibility for the Student Support Services program. In addition this form will serve as a means of enhancing information that will allow CF to provide the appropriate assistance you may need in order to successfully accomplish your educational goals.

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Male:  Female:

Applicant's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone hm (     ) \_\_\_\_\_  
 Phone cell (     ) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Ethnic Origin:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native         | <input type="checkbox"/> Asian       |
| <input type="checkbox"/> Black or African-American                 | <input type="checkbox"/> White       |
| <input type="checkbox"/> Hispanic or Latino                        | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander |                                      |

What degree are you seeking?  AA  AS Major: \_\_\_\_\_

If seeking an AA degree, to what college/university do you plan to transfer? \_\_\_\_\_

Are you a U.S. Citizen?      Yes    No  
 If no, are you a permanent resident?  Yes    No

Have you ever been tested for a learning disability?  Yes    No

Do you have a physical or learning disability?  Yes    No **IF YES,**

1. What is your disability? \_\_\_\_\_
2. Have you signed up with the Access Services (AS) office in Bldg. 5, Rm. 105B? Yes  No

(\*A copy of any document that states the type/extent of your disability must be attached to this application or on file in the AS office if you desire any form of accommodation.)

Have either of your parents or guardians **graduated** from a 4-year college?  Yes    No

If yes, what college? Father \_\_\_\_\_  
 Mother \_\_\_\_\_

Are you currently participating in any other TRIO program?

Educational Opportunity Center (EOC)  Upward Bound (UB)  Talent Search

Have you applied for financial aid?  Yes,  No If yes, please check:

I have not heard yet  I am in the process of verification  I am in the appeal process

I have received my award letter and will be receiving:

PELL  FSAG  SEOG  Unsub. Student Loan  Sub. Student Loan  Bright Futures

Prescription for Success  Take Stock in Children  CF Foundation

other, please specify \_\_\_\_\_

**\*All students in Student Support Services are required to apply for financial aid.**

Are you 24 years of age or older?  Yes  No

Are you married?  Yes  No

Do you have at least 1 dependent child?  Yes  No

If you answered yes to any of the above 3 questions, what is the number in **YOUR** household? \_\_\_\_\_

What was **YOUR** household's previous year **TAXABLE** income? \$ \_\_\_\_\_

If you answered **no** to all of the above 3 questions, what is the number in your **PARENT'S** household? \_\_\_\_\_

What was your **PARENT'S** household's previous year **TAXABLE** income? \$ \_\_\_\_\_

What SSS services would most interest you?

Academic tutoring

Scheduling/registration assistance

Social activities

Special assistance for students with disabilities

Peer mentor(s)

Transfer assistance

Career guidance/exploration

Assistance with financial aid forms and scholarship information

Workshops or information on stress reduction, test anxiety, time management, goal setting, and study tools, etc.

Other \_\_\_\_\_

I authorize the Student Support Services staff to have access to any and all academic/financial aid records available from school(s) I attended or presently attend. I further authorize the staff to make copies of any or all of these academic and financial aid records with the understanding that all records will remain confidential.

I certify that I have read this application and that it is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

Return to: **College of Central Florida  
Student Support Services, Building 2-205  
Ocala, Florida 34478-1388**

For questions or additional information about the CF Student Support Services Program, you may contact (352) 854-2322, extension 1761.