

Three Rivers College

THE COMMUNITY COLLEGE OF SOUTHEAST MISSOURI

Student Support Services Application

Date ___/___/___

DEMOGRAPHIC INFORMATION:

Social Security Number ___-___-___ Student ID Number _____

First Name _____ MI ___ Last Name _____

Home Address _____ City _____ State ___ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Three Rivers Email: _____

Date of Birth ___/___/___ Gender ___Male ___Female

Ethnicity White Hispanic Black Asian Other _____

U.S. Citizen Yes No Permanent Resident Yes No If so, did you provide

documentation to Three Rivers? Yes No

Marital Status Married Single

Veteran Yes No If so, did you provide a copy of your DD-214 to Three Rivers? Yes No

High School Attended _____ Graduation/GED Date _____

Did you participate in Educational Talent Search? Yes No

Emergency Contact _____ Phone _____

ELIGIBILITY:

Did either parent obtain a 4-year degree? Yes No

Current Family Size _____ Estimated current family income _____

Do you receive a Pell grant? Yes No

Do you have a documented disability? Yes No

Describe _____

If you are a student with a disability, are you registered with the Office of Disability Accommodations?

Yes No

Did you have an Individual Education Plan (IEP) in high school? Yes No If so, does Three Rivers have a record of it? Yes No

NEEDS ASSESSMENT

This assessment is designed to explore the participant's expectations of college, the participant's prior educational experience, and to determine how we can help. The following services are provided free to participants. Please indicate any that might be of benefit or interest:

Transfer Planning

- College Information
- College Visits
- College Application Assistance
- Financial Aid Assistance

Workshops

- Test Anxiety
- Note-taking
- Organization
- Reading
- Time Management
- Stress Management
- Math Exam Prep.
- Writing Exam Prep.
- Money Management

Academic Support/Instruction

Tutoring in:

- Writing
- Math
- Reading
- Computer Skills
- Other _____

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

- Poor study habits
- Bad grades
- Family medical problems
- Lack of money
- Take things too seriously
- Separation or divorce
- Taking the wrong classes
- Problems at home
- No close friends at school
- Always feeling tired
- Trouble sleeping
- Health issues
- Always worrying
- Afraid to speak up in class
- Alcohol and/or drug use
- Too shy
- Feeling depressed or sad
- No family support
- Easily distracted
- Dealing with bill collectors
- Other _____

Will you be working while you are a student? _____ How many hours per week? _____

What is your major? _____

Do you plan to graduate from Three Rivers? Yes No

Do you intend to transfer? Yes No Where? _____

What is the highest level of education you would like to pursue?

- Associate (2 year)
- Bachelors (4 Year)
- Graduate
- Not sure

What assistance would you like from Student Support Services?

Records Release and Photo Consent:

By signing and/or submitting this document, I authorize Three Rivers College to release to the Student Support Services program my student academic and financial records for the program director and/or his/her designee to use in a professional manner relating to my college educational experiences. These include but are not limited to: Grade Transcripts, High School Transcripts, ACT & GED Scores, FAFSA Reports, Needs Analysis, Basic Grant and Award letters. I also authorize Three Rivers College/Student Support Services to photograph or film me and consent for the use of my likeness in any and all publications, educational materials, research, advertising, news media, video, and World Wide Web materials; and I acknowledge the college's right to crop or treat the photograph at its discretion. I further understand and agree that these materials may be kept on file and/or used by TRC for potential future uses and further agree to release the college from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials.

Signed By _____

Date: ___/___/___

FOR OFFICE USE ONLY: Photo Taken Yes No

TRiO-SSS Staff Contact Date: _____ Left message Emailed Interview scheduled Initials _____

2nd Attempt: _____ Left message Emailed Interview scheduled Initials _____

3rd Attempt: _____ Left message Emailed Interview scheduled Initials _____

Interview Date/Time: _____ Completed No Call/No Show Student Rescheduled

Other _____

Rescheduled Interview Date/Time: _____ Completed No Call/No Show Student Rescheduled _____

Accepted Denied Director's Initials _____ Program Entry Date: _____ Datatel #: _____

Eligibility Requirements Met: LI FG D