

**Student Support Services  
Program Application  
Danville Campus**

**Personal Information**

Name: \_\_\_\_\_  
First Middle Last

Current Address: \_\_\_\_\_  
Street Address Apt #  
\_\_\_\_\_  
City State Zip

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_@kctcs.edu

Personal email: \_\_\_\_\_

BCTC ID: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Ethnicity:  Hispanic or Latino

Race:  American Indian or Alaska Native  Asian  Black or African-American  
 White  Native Hawaiian/Pacific Islander

Gender:  Male  Female

Are you a US Citizen:  Yes  No

If you are not a U.S. Citizen, please answer the following questions about yourself.

Are you a Permanent Resident?  Yes  No

What is your Permanent Resident Alien number? A \_\_\_\_\_

**Eligibility Information**

Has your mother received/earned a 4-year college degree?  Yes  No

Has your father received/earned a 4-year college degree?  Yes  No

Which parent did you regularly reside with and receive support from during your childhood? (until you were 18)

Mother  Father  Both Mother and Father  Neither Mother nor Father

Are you an individual with a documented disability?  Yes  No

If yes, have you registered with the Office of Disability Support Services?  Yes  No

**Family Information (Please answer the following questions if you are less than 24 years old)**

Are you married?  Yes  No

Do you have children or other dependents (other than a spouse) who receive more than half of their support from you?  
 Yes  No

At any time since reaching 13 years of age, were you an orphan, in foster care, or ward of the court?  Yes  No

Prior to reaching 18 years of age, were you an emancipated minor or did you have a court-appointed legal guardian?  
 Yes  No

Are you serving on active duty (for other than training purposes) in the US Armed Forces?  Yes  No

Are you a US Armed Forces veteran who was on active duty & was released under a condition other than dishonorable?  
 Yes  No

Are you homeless (you lack a fixed, regular, adequate nighttime residence) or are you at risk of becoming homeless?  
 Yes  No

**Income Information (answer for yourself if 24 years old-parents must answer if under 24 years old)**

What is the total number of **persons** (including you) in your family?

What was your **family's taxable (not total)** income from the last calendar year?

My family's **taxable (not total)** income from the last calendar year was: \$

Note: Taxable income can be found on the federal income tax return. On **IRS form 1040 (2012)**, see **line 43**. On **IRS form 1040A (2012)**, see **line 27**.

My family did not file a federal income tax return for the last calendar year.  
My family's total income from the last calendar year was: \$

My family had no taxable income during the last calendar year.

**Educational Aspirations Information**

Are you in college and working on a Master's (e.g. M.A., M.S), Professional (e.g. M.D., J.D) or Doctoral degree?  
 Yes  No

Do you plan on earning an Associate's degree or certificate from BCTC?  Yes  No If so, when? \_\_\_\_\_

Do you plan on transferring to a 4-year institution?  Yes  No If so, when? \_\_\_\_\_

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student's official academic records to the SSS Program, understanding that the information in these records will be used only to assess the student's need for program services, discern the student's educational progress, evaluate the effectiveness of program activities, and fulfill program-reporting requirements.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>For office use only</b>		
BCTC credit hours _____		
Date of application entry into database _____	Staff initials _____	
Eligibility: <input type="checkbox"/> FG <input type="checkbox"/> LI <input type="checkbox"/> DI <input type="checkbox"/> FG & LI <input type="checkbox"/> LI & DI <input type="checkbox"/> Underrep. <input type="checkbox"/> Other		
only	only	only
_____ Advisor Name	_____ Director's Signature	_____ Date