



STUDENT SUPPORT SERVICES

Lexington Campuses Program Application

<p>Student Support Services is a federal program funded through the U. S. Department of Education and sponsored by BCTC, an equal opportunity institution. Acceptance into the program is contingent upon meeting eligibility criteria and space availability. Information gathered on this application will be used to determine eligibility and will be held in strict confidence.</p>	<p style="text-align: center;">FOR OFFICE USE ONLY</p> <p>Eligibility: <input type="checkbox"/> FG & LI <input type="checkbox"/> FG <input type="checkbox"/> LI <input type="checkbox"/> D <input type="checkbox"/> DLI</p> <p>Status: <input type="checkbox"/> Accepted <input type="checkbox"/> Waiting List <input type="checkbox"/> Ineligible</p> <p>Director's Signature _____</p> <p style="text-align: right;">Date _____</p>
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PERSONAL INFORMATION

Name _____
First
MI
Last

Current Address _____
P.O. Box or Street
City
State
Zip Code

Preferred Phone _____ Cell Home Email _____ @kctcs.edu

Social Security Number _____ Student ID# _____

Date of Birth ____/____/____ Gender: ____M ____F

Ethnicity: Hispanic or Latino ____Yes ____No

Race: ____American Indian or Alaska Native ____Asian
____Black or African-American ____Native Hawaiian or other Pacific Islander
____White ____Other

EDUCATIONAL INFORMATION

Have you previously participated in other TRIO programs such as Talent Search or Upward Bound? ____Yes ____No

High School Graduation date _____ or GED Completion date _____

Do you plan on earning an Associate's Degree or credential from BCTC? ____Yes ____No

If so, when? _____

Do you plan on transferring to a 4-year institution? ____Yes ____No

If so, when? _____

NEEDS ASSESSMENT

I could use help in the following areas:

<u>ACADEMIC</u>	<u>ACADEMIC RELATED</u>	<u>CAREER</u>	<u>PERSONAL</u>
____ Reading	____ Note Taking	____ Choosing a Major	____ Stress Management
____ Math	____ Writing Skills	____ Choosing a Career	____ Time Management
____ English	____ Test Taking	____ Transfer Assistance	____ Money Management
____ Science	____ Math Anxiety	____ Resume Writing	____ Self-Esteem
____ Tutoring	____ Study Skills	____ Interview Skills	____ Goal Setting
	____ Attendance Issues	____ Job Search Skills	____ Critical Thinking
	____ Computer Skills		____ Peer Mentoring

ELIGIBILITY INFORMATION

- U.S. Citizen: _____ Yes _____ No
If no, are you a permanent resident alien of the U.S.?
(please attach documentation to prove status) _____ Yes _____ No
- Are you an individual with a documented disability? _____ Yes _____ No
- If yes, have you registered with the BCTC Office of Disability Support Services? _____ Yes _____ No
- Has either of your parents or legal guardians you
grew up with graduated with a 4-year bachelor's degree? _____ Yes _____ No

DEPENDENCY STATUS

- Marital Status: (Please check one) _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed
- Do you have any children or 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 Armed Forces? _____ Yes _____ No
- Are you a US Armed Forces veteran who was on active duty
and was released under a condition other than dishonorable? _____ Yes _____ No
- Are you homeless or are you at risk of becoming homeless? _____ Yes _____ No

FINANCIAL INFORMATION

- Have you applied for financial aid? _____ Yes _____ No
- What is the total number of **persons** (including you) in your household? _____
- Did you file a Federal Income Tax Return for the last calendar year? _____ Yes _____ No
- If Yes, what is your household's **taxable*** (not total) income for the last calendar year? \$ _____

***NOTE: Please only include your information if marital status is married, separated, or widowed, if you answered "Yes" to any of the above Dependency questions, or if you are 24 years old or older. Otherwise, please include the income of your parent(s)/guardian(s). Taxable income can be found on the Federal Income Tax Return. On IRS form 1040, see line 43. On IRS form 1040A, see line 27.**

STUDENT RELEASE

By signing below, I hereby verify that all the information provided on this application is accurate to the best of my knowledge. I hereby give permission for the BCTC Student Support Services program to review any available academic and financial aid records deemed necessary. I understand that this information is confidential and withholding information on this application or giving false information will make my application ineligible for admission to the BCTC SSS program.

Signature

Date