

TRIO

STUDENT SUPPORT SERVICES

Application Packet

Central Carolina Technical College
TRiO Student Support Services
506 N. Guignard Drive
Sumter, SC 29150-2499
Tel: 803.778.7844



FUNDED 100% BY THE U.S. DEPARTMENT OF EDUCATION

Total five-year cycle of Federal Funding: \$1,155,515.00.

Number of students served per year of funding: 165.

APPLICATION CHECKLIST

To expedite the selection process, please make sure to complete and attach the following

- A copy of your parent or guardian’s most recent federal income tax form or your tax return.**
NOTE: W-2 FORMS ARE NOT ACCEPTABLE.
 A printout from the Social Security Administration or the Department of Social Services is acceptable as income verification, if the family’s sole income is social security or AFDC benefits.
OR
If your parent or guardian’s federal income tax form is not available, a detailed copy of your Student Aid Report (S.A.R) will be required.
NOTE: This document can be found on the FAFSA website. (www.fafsa.edu.gov)
- A current CCTC Semester Schedule**
- Appropriate signatures as indicated on all forms.**

NOTE: To be considered for Student Support Services, the entire application packet must be completed.

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Student Support Services Staff Office Numbers

Director.....803.774.3331

Administrative Assistant.....803.778.7844

Transfer

Counselor.....803.778.6631

Intake

Counselor.....803.778.7834

Central Carolina Technical College
Student Support Services
 506 N. Guignard Drive
 Sumter, SC 29150-2499
 T: 803.778.7844 • F: 803.778.6696

Central Carolina Technical College does not discriminate in employment or admissions on the basis of race, color, national origin, sex, gender identity, sexual orientation, genetic information, age, religion, disability, or any other protected class.

DATE RECEIVED

Central Carolina Technical College
Student Support Services
Application for Admission
506 N. Guignard Drive
Sumter, SC 29150-2499
803.778.1961, ext. 444 or 803.778.7844

For Staff Use Only:	
LI _____	LI/FG _____
FG _____	D _____
D/LI _____	
Program Entry Date: _____	
Release Date: _____	
Graduation Date: _____	

Please type or print in black or blue ink.

PERSONAL DATA

Legal Name: _____ Male Female
Last First Middle (complete)

Students C Number: _____

Mailing address: _____

County: _____ City or Town: _____ State: _____ Zip Code: _____

Phone at local address: (_____) _____ Permanent home phone: (_____) _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Marital Status: _____ Number of dependents: _____ E-mail address: _____

Citizenship: U. S. U. S. Permanent Resident Visa Other Citizenship: _____

Please give your permanent address, if different from the above:

Permanent address: _____

County: _____ City or Town: _____ State: _____ Zip Code: _____

Eligibility Status:

Do you currently have a college degree? Yes No

Did either of your parents complete a four-year college degree? Yes No

If yes, who completed the degree? Mother Father Guardian
What Degree: Doctors Masters Bachelor Associate

Do you have a documented disability? Yes No

Note: If you disclose that you have a disability, documentation will be required to process this application.

Other Information:

Ethnicity (Select One)
 Hispanic or Latino Not Hispanic or Latino

Race (Select one or more)
Required if you are not Hispanic or Latino; Optional if you are Hispanic or Latino

- | | |
|---|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Mexican American, Chicano |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Asia (Indian Subcontinent) | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Hispanic, Latino | <input type="checkbox"/> Other _____ |

First Language, if other than English: _____ Language spoken at home: _____

How did you hear of this program? _____

**HOW CAN TRIO STUDENT SUPPORT SERVICES HELP YOU?
GOAL PLANNING**

Please help us reduce your risk factors while we help build your resiliency. Think of your positive attributes when you set these goals. They include academic, career, educational plans, as well as time and stress management for you and your family.

Date: _____

1. What personal goals have you set for yourself? _____

2. What educational goals have you set for yourself? _____

3. What are your career goals? _____

HOW DO YOU THINK YOU WILL BENEFIT FROM THE TRIO SSS PROGRAM?

- | | | |
|--|--|---|
| <input type="checkbox"/> One-on-One Tutoring | <input type="checkbox"/> Networking Opportunities | <input type="checkbox"/> Financial Aid Assistance |
| <input type="checkbox"/> Transfer Assistance | <input type="checkbox"/> Academic/Personal/Career Counseling | <input type="checkbox"/> Supportive Workshops |
| <input type="checkbox"/> Leadership Training | <input type="checkbox"/> Financial Literacy Awareness | <input type="checkbox"/> Other: (Explain) _____ |

STUDY SKILL

1. How much time do you devote to studying each day? _____
2. Where do you study? _____
3. Where do you usually sit in the classroom? _____
4. When you do not understand something in class, what do you do? _____
5. What note-taking method do you use? (Ex: outlining, charts, main concepts, etc.) _____
6. Do you use a time management tool such as a daily/weekly planner? Yes / No
7. Have you taken COL 105 (College Skills)? _____
8. How many absences have you had this semester? _____
9. Are you having trouble in a particular course(s)? Yes / No Course(s) _____
10. What steps have you taken to get help? _____

Are you considering transferring to a four-year school? Yes No

If "yes" please list your choices

Student Signature

Staff Signature

CAREER EXPLORATION DEVELOPMENT

My Career Choices: The careers that interest me the most are:

Job Title: _____ Job Title: _____

My Employability Skills: The skills I already possess include: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Language Competence & Skills | <input type="checkbox"/> Dependability/Reliability |
| <input type="checkbox"/> Math Competence & Skills | <input type="checkbox"/> Productivity |
| <input type="checkbox"/> Technical Competence & Skills | <input type="checkbox"/> Positive Attitude |
| <input type="checkbox"/> Managerial Skills | <input type="checkbox"/> Customer Service Skills |
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Positive Work Ethic |
| <input type="checkbox"/> Computer Competence & Skills | <input type="checkbox"/> Clerical Skills |
| <input type="checkbox"/> Other Skills: _____ | _____ |

My Work Experience: Record any jobs that resulted in the development of employable skills.

Job Title	Duties of Employment	Duties Included	Skills Acquired

Career Research Methods: These are methods I have used to research careers.

- | | |
|---|---|
| <input type="checkbox"/> Interviews | <input type="checkbox"/> Career Information |
| <input type="checkbox"/> Job shadowing | <input type="checkbox"/> Letters to business and professional organizations |
| <input type="checkbox"/> Books & Other references | <input type="checkbox"/> Internship |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Job Fairs |

Career Assessment Results: My three highest career interest groups are: **(Based on Career Coach results)**

Career Title	Corresponding Career Cluster
1. _____	_____
2. _____	_____
3. _____	_____

Annual Review of Career Goals:

1. Have you researched any new careers? _____ If so, which ones? _____

2. Are you interested in any new careers? _____ If so, what are they? _____
3. Do you need to change your educational plans to match your new career interests? _____
What changes should you make? _____
4. Has your work experience and/or academic studies influenced your career goals? _____
If so, How? _____

Student's Signature

Date

STOP HERE:

A TRiO Staff Member will complete the following pages with you!

STOP HERE:

A TRiO Staff Member will complete these pages with you!

Financial Aid Data

Are you receiving financial aid? Yes No

If no, check the reason(s) Have not applied Was not eligible Other: _____

If yes, for financial aid purposes, are you considered dependent independent?

IF DEPENDENT COMPLETE SECTION A; IF INDEPENDENT COMPLETE SECTION B

SECTION A:

Number of household members, including yourself: _____

Parents' current taxable income? (From federal income tax form): _____

SECTION B:

Number of household members, including yourself, spouse, and/or other dependents: _____

Current taxable income? (From federal income tax form): _____

Academic Information

When was your first semester at CCTC? Month _____ Date _____ Year _____

What program are you seeking? Certificate Diploma Degree

Number of course hours completed: _____ Cumulative GPA: _____

Who is your current academic advisor? _____

How can Student Support Services help you? (Check as many as apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Math Tutoring | <input type="checkbox"/> Career Planning | <input type="checkbox"/> Financial Aid Information |
| <input type="checkbox"/> English Tutoring | <input type="checkbox"/> Study Skills Instruction | <input type="checkbox"/> Scholarships Information |
| <input type="checkbox"/> Reading Tutoring | <input type="checkbox"/> Counseling | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Science Tutoring | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Other _____ |

(Interview Session)

Are there any specialized needs or services (medical, etc.) that the program should be aware:

I certify that the above information on this application is accurate and complete to the best of my knowledge.

Student's Signature

Date

STUDENT SUPPORT SERVICES PARTICIPATION CONTRACT

I agree to participate in the Student Support Services Program as outlined in the requirements listed below and as discussed with the program staff.

1. I agree to attend classes regularly. I understand that regular classroom attendance is defined by Student Support Services as having no more than three unexcused absences in any course during the semester.
2. Reasonable progress in coursework is the basic objective of Student Support Services activities. If in the opinion of the Student Support Services staff, an effort to make progress has not been made, I understand this contract will be void.
3. I agree to attend regularly scheduled appointments with a member of the Student Support Services staff. There will be at least one (1) to two (2) appointment(s) per month. These appointments are primarily for the purpose of discussing academic progress and scheduling needed services. If I am unable to attend, I will call the administrative assistant and reschedule the appointment.
4. I agree to attend at least one cultural activity during each semester. Examples of cultural activities are: art shows, concerts, academic travels, dinner theatre, and personal growth workshops.
5. I agree to report participation in other cultural activities or workshops not sponsored by the Student Support Services Program. I understand that proof of participation is required.
6. I agree to attend specialized group sessions/retreats, etc., each semester. I understand I will be notified by the Student Support Services staff of these sessions.
7. I agree, if placed on academic probation or early alert, to participate in mandatory regularly scheduled study sessions and academic interventions as directed by the program counselor.
8. I agree to participate in career exploration if required, two (2) workshops per semester, and two (2) sections from the Online Financial Literacy program. I agree to participate in individual and group testing and counseling, if requested, to determine cultural, career, educational, and personal needs.
9. If in spite of my participation in all of the above requirements, I am suspended from the college for poor academic performance, my continued enrollment in the TRiO Student Support Services program could be in jeopardy. I understand that the Program Director may recommend to the VP for Student Affairs that I be readmitted for the next semester. Recommendation for readmission to the college under these circumstances is totally dependent on my participation in the program and available vacant slots.

I understand that either Student Support Services or I may void this contract without further obligation; however, I do understand that federal regulations may require me to participate in a follow-up study at a later date. I understand that certain program requirements may be modified slightly during the year, but not without prior notification to program participants.

Name: _____ C Number: _____

Mailing Address: _____

Home Phone Number: _____ Alternate Phone Number: _____

College E-Mail Address: _____

_____ Date _____

Student Signature

_____ Date _____

TRiO SSS Staff Signature

RELEASE AND SIGNATURE

I agree, if accepted into Student Support Services, to participate in answering questionnaires and other appropriate and approved research projects done as part of the program's evaluation. I also agree that photographs taken during the program, papers written during the program, and similar items may be used by SSS in reports and public information materials. I further agree to allow SSS to release, for education purposes, photographs and video recordings, with or without audio, of SSS activities and projects on which I am involved.

I authorize Student Support Services to release or request information from authorized officials to include instructors to maintain my educational records. I understand that if I am accepted into SSS, I will have to comply with the rules and regulations of the program. I understand that the SSS Director has the right to dismiss any student whose behavior is incompatible with the goals and standards of SSS and Central Carolina Technical College.

I authorize the student financial aid office at Central Carolina Technical College to release my financial aid information to the Student Support Services Program at the college.

Student's Signature

Date

TRiO COMPUTER/STUDY LAB PROCEDURES

1. Remember to come in to the TRiO office to sign-in before using the Computer Lab or Study Lab and to sign out after.
2. Do not bring food into the computer lab or Study Lab.
3. Please have cell phones on vibrate. If there is a need to answer your phone or make a phone call, please do it outside of the lab.
4. If you are not actively using the computer, please sign off and remove your personal belonging so that others may use the computer.
5. Please keep noise down to a minimum and do not place feet on chairs or tables. The computer lab and Study Lab is not a place for social gatherings; it is to be used for tutoring and completing class assignments. **A limit of ten (10) pages per student can be printed in the lab.**
6. Computers are not to be used to play games, view Facebook or Myspace, watch video programs, or to surf the net/download any information that is deemed inappropriate for an educational environment. These are not your home computers.

Students not adhering to computer and study lab rules, written or verbal could be subject to having his or her privilege of using the lab revoked.

Students Signature

Date

Participation Policy and Procedure

In order to effectively serve our students, and to provide services to students who are chosen for our cohort group, the following policies and procedures have been adopted.

1. Eligible students with a completed application for services on file will meet with a counselor at least two times before moving into the cohort. (These meetings will allow for the development of a service plan and the full assessment of academic and career needs.)
2. Cohort students are required to maintain monthly contact with their counselor. The monthly contacts may include office visits, phone conversations, or electronic mail messages.
3. Each program participant must attend two workshops, or its equivalent, per semester and complete two financial literacy program sessions. Workshops may be substituted with a related video loan from the tutoring center, on-line workshops, an individual meeting with the workshop presenter, or pre-approved attendance at another college workshop.
4. Each student is required to attend one cultural event per semester.

Failure to adhere to the above stated policies and procedures will result in denial of Academic, Career, and Educational services.

STUDENT SUPPORT SERVICES - FINANCIAL AID INFORMATION FORM

Award Information

<u>Amount of Award</u>	<u>Amount</u>
Pell	\$ _____
Stafford Loan	\$ _____
Perkins Loan	\$ _____
State Based Loan	\$ _____
Employee Tuition Fee Waiver	\$ _____
SEOG	\$ _____
CWS	\$ _____
WIA	\$ _____
Other (Specify)	\$ _____
Other (Specify)	\$ _____
Other (Specify)	\$ _____

TOTAL AWARD \$ _____

The total established financial need for this student is: \$ _____
The total established unmet financial need for this student is: \$ _____

INCOME VERIFICATION:

This income information is documented from the student's official tax forms that are confidentially located and verified in the CCTC Financial Aid Office and it shows the annual income and family size for the above named student to be \$ _____ (income) and _____ (family size) respectively.

(Effective **January 31, 2017** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
8	\$61,980

For family units with more than eight members, add the following amount for each additional family member: \$6,270 for the 48 contiguous states, the District of Columbia and outlying jurisdictions.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

I understand that TRiO Student Support Service is a federally funded program, and that this information is subject to review by Federal authorities if the SSS program to which I have applied is audited, and I will be held responsible for the certification made by my signature. I affirm that this information is true and accurate to the best of my knowledge.

Students Signature: _____ **Date:** _____

Staff Verification

The above information was reviewed and verified by:

TRiO Staff: _____ **Date:** _____

