



2017-2018  
**Student Support Services**  
**New Student Application**



2800 S. Lone Tree Rd ♦ Flagstaff, Arizona 86005-2701 ♦ Telephone: (928) 226-4171 ♦ Fax: (928) 226-4103

**Section 1: STUDENT INFORMATION**

Student ID Number: @ \_\_\_\_\_ Comet ID: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female | Marital Status:  Single  Married  
 Ethnicity:  American Indian/Alaskan Native  Asian  Black/African American  
 Hawaiian/Pacific Islander  White  Hispanic/Latino  Other / No Response

**Section 2: ELIGIBILITY CRITERIA**

*\*Funding is provided by the US Department of Education and requires specific documentation for enrollment into the Student Support Services program. The information is protected by the Family Educational Rights and Privacy Act (FERPA).*

- A. **Student Residency Status\***: Are you a:  US Citizen or  Permanent Resident
- B. **SOCIAL SECURITY NUMBER:** (REQUIRED for verification of residency)    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- C. **Alien Registration Card Number:** \_\_\_\_\_
- D. **Do you have a documented physical, mental or learning disability?**  Yes  No  
 (If yes, you will be require documentation on file at the Disability Resource office)\*\*

*\*\*Reasonable accommodations, including materials in an alternative format will be made for individuals with disabilities when a minimum of five working days advance notice is given. Please contact CCC Disability Resources at: (928)226-4243*

**Section 3: FINANCIAL AID INFORMATION**

Are you receiving financial aid?  Yes  No  FAFSA  Scholarship or  Other \_\_\_\_\_  
 If yes, are you considered an  Independent Student  Dependent Student  Don't Know  
 If No, check the reason(s):  Have not applied  Was not eligible  Other \_\_\_\_\_

**Section 4: EDUCATION INFORMATION**

Have you received your:  High School Diploma Date Graduated: Month \_\_\_\_\_ Year \_\_\_\_\_  
 GED or Adult HS Diploma Date Graduated: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Cumulative GPA: \_\_\_\_\_  
 Have you previously attended college or taken college courses in high school?  Yes  No  
 If yes, at which institution? \_\_\_\_\_ If you did graduate, what was your degree? \_\_\_\_\_  
 Current Classification:  
 Incoming Freshman  Freshman  Sophomore  Returning Student

Current Course Load:

Full-time Student (12 credits +)

Three Quarter-time Student (9-11 credits)

Half-time Student (6-8 credits)

Less Than Half-time (under 5 credits)

When was your first semester at Coconino Community College (CCC)? Month \_\_\_\_\_ Year \_\_\_\_\_

Number of course hours completed at CCC so far: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

What are your academic goals?

Transfer Credit Only  Certificate  Associate Degree  Bachelor's Degree  Undecided

What would you like to major in? \_\_\_\_\_  Undecided

What is your career goal? \_\_\_\_\_  Undecided

Have you ever participated in other TRiO programs: Upward Bound, Educational Talent Search, or EOC? If so, which one/s \_\_\_\_\_

**Section 5: ACADEMIC NEED**

Low high school grades or GPA

Single parent

Placed into developmental courses

High school diploma equivalency

(Based on ACCUPLACER or ACT/SAT)

(GED or Adult High School Diploma)

Low/failing college grades or GPA

Out of the academic environment 5+ years

On (or near) academic probation

Need for academic support to raise grade(s)

Limited English proficiency

Unsure of educational and/or career goals

**Section 6: STUDENT AUTHORIZATION**

I understand the Coconino Community College (CCC) TRiO Student Support Program (SSS) is funded by the U.S. Department of Education. The program objectives are designed to encourage participants to maintain good academic standing as they persist from one academic year to the beginning of the next academic year or earn an Associate's degree/certificate and/or transfer to a 4-year institution within four years. **All information is strictly confidential and is used solely for the purpose of determining eligibility of students applying for participation. Students are accepted to the SSS program based on eligibility criteria, academic need and space availability.** All applications are accepted for review regardless of race, color, national origin, religion, gender, or disability (U.S. Dept. of Education-GEPA Section 427)

**I certify that all of the information I have provided is true and accurate and complete to the best of my knowledge.**

I hereby authorize the CCC TRiO SSS program to obtain, copy, review, and discuss my student and financial records with the appropriate student services staff, faculty and college departments as pertinent to my participation in the program. I also give my permission to be interviewed and/or photographed by digital, still photo film, or video recorder by the TRiO SSS program for use on radio, TV, printed media, or in project documentation and promotional materials. My signature below indicates my commitment to the TRiO Student Support Services program.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**