

**ANDREW COLLEGE
STUDENT SUPPORT SERVICES (SSS)
APPLICATION**

CONFIDENTIAL

Social Security Number: _____ - _____ - _____ Birth Date: _____
Name: (last) _____ (first) _____ (mi) _____
Address: _____ City: _____ State: _____ Zip: _____
County: _____ Phone number: _____ Place of Birth: _____
AC Box#: _____ AC E-mail: _____
Ethnic Origin: African American Native American White American
Oriental American Hispanic American Other: _____
Sex: Male Female U.S. Citizen: Yes No
Single Married Separated Divorced Widowed
High school attended: _____ Last grade attended: _____
GED? Any college? Institution attended: _____

Parent's marital status: Married Single Separated Divorced Widowed
With whom do you reside? _____
Number of people in your parent's household: _____
Do either of your parents/stepparents with whom you reside have a four year degree?
Yes No If yes, what are the names of the parents/stepparents?
Mother: _____ Father: _____
Degree Earned: Mother: _____ Father: _____
Institution: Mother: _____ Father: _____

Did you file income tax for the current year? Yes No
Estimate your family's income:
 \$0 - \$11,835 \$11,835 - \$15,540 \$15,540 - \$19,470
 \$19,470 - \$23,400 \$23,400 - \$27,330 \$27,330 - \$31,260
 \$31,260 - \$39,140 Over \$39,140
Have you applied for Financial Aid? Yes No
Have you received? Pell Grant Veteran's Administration
 Rehabilitation Services Scholarship
 Other _____ Approximate Amount Awarded \$ _____

Do you have a disability? Yes No
Is your documentation on file in the office of Learning Disabilities Support Services?
Yes No Describe your disability: _____

Explain how Student Support Services can assist you.
 Tutorial Services Cultural/Educational Assistance
 Career Opportunities (DISCOVER) Writing Lab
 Transfer Services Seminars
 Computer Aided Instruction Financial Aid Counseling
 Other _____

(please complete back)

I will provide Student Support Services with a copy of the following:

1. My 1040/1040A Income Tax form or
 My PARENTS 1040/1040A Income Tax form (if they claim me) or
 My SSA 1090 Social Security Benefits verification
 My income information is on file in the Financial Aid Office
2. Documentation of any disability (physical/learning)
Special accommodation requirements _____

This information is on file in the Offices of Financial Aid and Learning Disabilities Support Services

I understand that this documentation is necessary to meet federal eligibility requirements and is only required during my first year of participation in the Student Support Services Program. Are you a first time SSS student? Yes No

If no, when were you first admitted to the program?

Year: _____ Semester Fall Spring Summer

Major: _____ Expected graduation date: _____

I will notify SSS Staff upon withdrawal from a class(es) or total withdrawal from Andrew College. (*Signature required*) _____

Please give the name, address, and phone number of the person through whom you can always be contacted: _____

“I, _____, declare that the information on this form is true and complete to the best of my knowledge. Moreover, the Student Support Services staff has my permission to obtain financial aid information and academic information from my Andrew College institutional records and any other institution of higher education that I attend. Also, I will participate in all Student Support Services Programs as needed (academic counseling, tutoring, workshops, career counseling opportunities, two-year/four-year initiatives, etc.) I understand that if I do not abide by the terms of this application, including all policies and contracts, my actions will result in termination from this program.”

Student Signature _____ **Date** _____

FOR OFFICE USE ONLY
ELIGIBILITY: LOW INCOME ___ FIRST GENERATION ___ DISABILITY ___
SATV ___ SATM ___ ACTE ___ ACTM ___ GPA ___ COMP ___
OTHER: _____
RECOMMENDATION: _____
ADMITTED: _____
EXITED: _____

*Student Support Services is funded by the U.S. Department of Education
An Equal Opportunity Employer*