



Student Support Services

Support is our middle name!

Located in MCB 230

UACCB

2024-2025 Application

Date _____

(Please print clearly in ink)

Last Name: _____	First Name: _____	Middle Name: _____
Student ID: _____	SSN: _____	Date of Birth: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Emergency Contact Name & Number: _____ _____	Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other: _____	If you have you ever participated in any TRIO programs, please mark which program below. <input type="checkbox"/> Educational Talent Search <input type="checkbox"/> Educational Opportunity Center <input type="checkbox"/> Upward Bound <input type="checkbox"/> Student Support Services

Ethnic Identity: Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Please check <u>one</u>, or <u>all</u> that apply: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/ White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other _____	Please check all that apply: <input type="checkbox"/> ESL – English as a Second Language <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Former Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Independent	High school graduate? If yes, when? Year Graduated _____ GPA _____ GED? If yes, what year? _____ Any college(s) previously attended? 1.) _____ Degree <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ 2.) _____ Degree <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ Any credit hours transferred in? _____ When will/or did you begin your first semester at UACCB? _____
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Did your Mother graduate with a (four-year) Bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Reason: _____ Did your Father graduate with a (four-year) Bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Reason: _____	Do you have a documented disability, and are you registered with UACCB's Access Services Office? <input type="checkbox"/> Yes <input type="checkbox"/> In the Process <input type="checkbox"/> No
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Verify Financial Eligibility <input type="checkbox"/> Income verified on separate form , OR list Taxable Income from 2022 U.S. Federal Tax Return used on FAFSA \$ _____ # in Household _____	For Office Use Only Received _____ <input type="checkbox"/> DNQ- _____ <input type="checkbox"/> First Generation <input type="checkbox"/> Low Income <input type="checkbox"/> SWD Degree Plan: _____ Income \$ _____ # in Household _____ Academic Need: _____ _____ _____ Counselor's Initials _____ Date _____
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Preferred/Alternate Methods of Contact <input type="checkbox"/> Phone call _____ <input type="checkbox"/> Text _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> Facebook _____ <input type="checkbox"/> Instagram _____	How did you learn about TRIO SSS? <input type="checkbox"/> Website <input type="checkbox"/> Faculty/Class <input type="checkbox"/> Friend <input type="checkbox"/> TRIO Participant <input type="checkbox"/> New Student Orientation <input type="checkbox"/> Brochure <input type="checkbox"/> Admissions <input type="checkbox"/> Social Media <input type="checkbox"/> Other _____
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Please check any of the following that applies to you:

- ☐ Low High School Grades
- ☐ Low Admission Test Scores (ACT, ACCUPLACER)
- ☐ Low College Grades (< 3.25)
- ☐ High School Equivalency/GED
- ☐ Failing Grades
- ☐ Out of School 5 or More Years
- ☐ Limited English Proficiency
- ☐ Lack of Educational/Career Goals
- ☐ Lack of Academic Preparedness for College Level Courses
- ☐ Need for Academic Support to Raise Grades in Required Courses/Major
- ☐ Home Schooled
- ☐ Drastic Change in Educational/Career Goals

In what SSS services are you interested? (Please check all that apply)

- ☐ Tutorial assistance in _____
Estimated grade(s) at present: _____
- ☐ College success skills (note-taking skills, test-taking skills, study guides, time management, etc.)
- ☐ Academic Advising and Planning
- ☐ Career Advising/Assessments
- ☐ Financial Aid Information/Help with FAFSA
- ☐ Financial Planning/Budgeting for College
- ☐ Mentoring/Counseling
- ☐ Transfer Advising/Transfer Trips
- ☐ Leadership/Professional Skills
- ☐ Summer Scholarships
- ☐ Computer Lab/Printing/Scanning
- ☐ Cultural Enrichment/Cultural Trips

Please check the DEGREE and/or CERTIFICATE(S) you are seeking:

Associate of Arts –

- ☐ General Education
- ☐ Teaching

Associate of Science –

- ☐ Agriculture Technology
- ☐ Business
- ☐ Agriculture Business
- ☐ Elementary Education
- ☐ Criminal Justice
- ☐ Health Professions
- ☐ Pre-Engineering
- ☐ STEM

Associate of Applied Science –

- ☐ Business Services
- ☐ Computer Technology
- ☐ Crime Scene Investigation*
- ☐ Early Childhood Education
- ☐ EMT Paramedic
- ☐ General Technology
- ☐ Industrial Technology
- ☐ Law Enforcement Administration*
- ☐ Management and Supervision
- ☐ Medical Office Management
- ☐ Registered Nursing

* Current Law Enforcement Officers Only

Technical Certificate –

Please specify: _____

Certificate of Proficiency –

Please specify: _____

Current Classification:

- ☐ Freshman (1st year in college)
- ☐ Freshman (29 or less college hours completed)
- ☐ Sophomore (30 or more college hours completed) _____



Student Informed Consent Agreement

I, _____, wish to participate in the TRIO Student Support Services program in order to achieve my educational goals. I agree to participate in all recommended services and will keep all scheduled appointments to help achieve these goals. I hereby authorize TRIO SSS permission to secure any necessary academic records and financial records to verify my eligibility for program participation and to follow up on my post-secondary education. I agree that the information I provided on this application is true to the best of my knowledge.

Signature: _____ **Date:** _____

Do you plan to transfer to a four-year college?

- ☐ Yes
- ☐ No
- ☐ Undecided

If yes, what are your top two transfer choices?

1.) _____

2.) _____

TRIO Student Support Services Staff:

Ronda McLelland, Program Director
(870) 612-2024 ~ ronda.mclelland@uaccb.edu
???? ?????, Academic Support Coach
(870) 612-2140 ~
Sherrie Stagner, Personal Development Coach
(870) 612-2109 ~ sherrie.stagner@uaccb.edu
Lisa Lewis, Office Manager
(870) 612-2173 ~ lisa.lewis@uaccb.edu

NOTE: The information requested in this form is used strictly to determine program eligibility as well as to provide program demographics to the Department of Education. All information will be kept in confidence by program staff. The UACCB Student Support Services program is funded 100% by the U.S. Dept. of Education's Federal TRIO Programs. The funded award for 2024-2025 is \$272,364. UACCB does not discriminate on the basis of race, color, national origin, sex, age or disability for admission or access to its programs or activities.