

# RCTC - SSS PROGRAM

ROCHESTER COMMUNITY & TECHNICAL COLLEGE

CONFIDENTIAL APPLICATION

Please Print CLEARLY!

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Phone: (\_\_\_\_\_) \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RCTC ID# \_\_\_\_\_

RCTC Email Address: \_\_\_\_\_

Gender:  M  F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Currently Enrolled at RCTC |  Returning Student to RCTC | Were you ever a member of an Upward Bound or Educational Talent Search program?  Yes  No

## -- PLEASE ANSWER THE FOLLOWING QUESTIONS --

**#1 is voluntary; all the rest MUST be answered**

- Ethnic Background:  Native American/Native Alaskan  Asian  Black or African-American  
 Hispanic or Latino  White  Native Hawaiian/other Pacific Islander  Other \_\_\_\_\_
- Citizenship:  US Citizen  Permanent Resident  Other \_\_\_\_\_
- High School Graduate \_\_\_\_\_ (year)  GED \_\_\_\_\_ (year)  Neither
- Attended another college – If so, name of college? \_\_\_\_\_
- Did either of your parents earn a bachelor's degree (BS/BA) from a college/university?  Yes  No
- Is English your first language?  Yes  No – If no, what language? \_\_\_\_\_
- Do you have a documented disability?  Yes  No – If yes, please describe \_\_\_\_\_  
If yes does the RCTC Disabilities Office have your disability documentation on file?  Yes  No
- Marital status:  Married/Partnered  Single  Separated  Widowed/Divorced
- Number of children and other dependants (do not include children you do not support): \_\_\_\_\_
- What was your family's taxable income last year? (if unknown we can help determine this) \_\_\_\_\_
- Are you receiving financial aid through RCTC?  Yes  No  
If yes, what term did you first apply?  Fall  Spring  Summer Year \_\_\_\_\_
- How are you planning on financing your college education? \_\_\_\_\_

## -- CHECK THOSE AREAS IN WHICH YOU BELIEVE YOU WOULD LIKE ASSISTANCE --

- |  |  |
|--|--|
| <input type="checkbox"/> Improving study skills              | <input type="checkbox"/> Exploring financial aid options           |
| <input type="checkbox"/> Tutoring/academic improvement       | <input type="checkbox"/> Adjusting to college                      |
| <input type="checkbox"/> Dealing with stress/time management | <input type="checkbox"/> Dealing with personal problems            |
| <input type="checkbox"/> Academic advising/selecting classes | <input type="checkbox"/> Clarification of goals/career exploration |

Other: \_\_\_\_\_

How did you hear about the SSS program?

Date Received \_\_\_\_\_ Test Scores \_\_\_\_\_ FA \_\_\_\_\_ FG \_\_\_\_\_ LI \_\_\_\_\_ D \_\_\_\_\_ Need \_\_\_\_\_  
Acept/Deny/Pending (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ SSS Advisor \_\_\_\_\_  
Goal/Degree \_\_\_\_\_

Office use only - Please complete the reverse side

Are you planning on earning  an associate's degree and/or  a certificate here at RCTC? (check all that apply)  
If you checked either or both boxes, what degree and/or certificate? \_\_\_\_\_

Are you planning on transferring to a 4 year institution?  Yes  No

Please answer the following questions about yourself. This information will help us to better understand and assess your needs.

Briefly, what are your educational goals?

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Briefly, why is attending college important to you?

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Under penalty of perjury I certify that, to the best of my knowledge, the information I provided on this application is true and correct. I authorize any and all staff of the RCTC SSS program to obtain, copy and/or review my records, including, but not limited to, high school and college transcripts, test scores, financial aid records, progress reports, final grades, enrollment status at any college or university, so the RCTC SSS program can determine my eligibility for the SSS program. I also authorize SSS staff to discuss my academic and personal needs with other RCTC college staff. I understand all prospective students must meet specific federal eligibility requirements to be considered for the program.

(Please sign and date your application before returning it.)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Once you have completed this application (both sides), please return it to the SSS program offices located at SS159. Our address is: TRiO SSS Program, Rochester Community and Technical College, 851 30<sup>th</sup> Ave SE, Rochester, MN 55904

Telephone: 507-285-7230

Program Assistant's email: Debra.Schloegel@roch.edu

**IF YOU NEED ASSISTANCE OR HAVE QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT US FOR ASSISTANCE IN COMPLETING YOUR APPLICATION!!!!**

The SSS program is a United States Department of Education TRiO/Student Support Services (SSS) program and is wholly funded with federal monies, \$391,500 for academic year 2010-2011.

All services to participating students are at no cost to them.