



2016 – 2017
Student Support Services
New Student Application



2800 S. Lone Tree Rd ♦ Flagstaff, Arizona 86005-2701 ♦ Telephone: (928) 226-4316 ♦ 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 Separated/Divorced Widowed
 Ethnicity: American Indian/Alaskan Native Asian Black/African American
 Hawaiian/Pacific Islander White Hispanic/Latino

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 Coconino 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 Freshmen 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?

- Certificate Diploma Associate Degree Transfer Credit Only Undecided

What would you like to major in? _____ Undecided

What is your career goal? _____ Undecided

Section 5: ACADEMIC NEED

- | | |
|--|--|
| <input type="checkbox"/> Low high school grades or GPA | <input type="checkbox"/> Single parent |
| <input type="checkbox"/> Placed into developmental courses
(Based on ACCUPLACER or ACT/SAT) | <input type="checkbox"/> High school diploma equivalency
(GED or Adult High School Diploma) |
| <input type="checkbox"/> Low/failing college grades or GPA | <input type="checkbox"/> Out of the academic environment 5+ years |
| <input type="checkbox"/> On (or near) academic probation | <input type="checkbox"/> Need for academic support to raise grade(s) |
| <input type="checkbox"/> Limited English proficiency | <input type="checkbox"/> Lack 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