



Dear Student Support Services Applicants:

To be considered for participation in Student Support Services at Wilson Community College, please submit the following application to the TRiO Program located on the Wilson Community College campus in Office C-110.

If you would like to print, complete, and mail the following application to our office, you may mail your application to:

Wilson Community College
Attn: Christie Adams
902 Herring Avenue
Wilson, NC 27893

If you would like to email your application and need assistance in doing so, please visit the emailing instructions link (located on the Student Support Services webpage) for detailed instruction on how to complete the application electronically.

If you have further questions regarding accessing/submitting the Student Support Services application located on the Student Support Services webpage, please contact Christie Adams, TRiO Administrative Assistant at (252) 246-1256 or via email at cadams@wilsoncc.edu.

Thank you.

NEW STUDENT APPLICATION



PERSONAL DATA

Social Security #: _____ Student ID: _____

1. Name: _____
Last First Middle

2. Address: _____
Street/PO Box City, State, Zip

3. Phone Number 1: _____ Phone Number 2: _____

4. Email 1: _____ Email 2: _____

5. Parent/Guardian Name (if applicable): _____

6. Ethnicity: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black ☐ Hispanic or Latino ☐ White
☐ Native Hawaiian or Pacific Islander ☐ Other: _____

7. Gender: ☐ Male ☐ Female 8. Birthdate (MM/DD/YY): _____

9. Citizenship: ☐ US Citizen ☐ Resident Alien ☐ Non-resident Alien ☐ Pending Citizenship

10. Marital Status: ☐ Single ☐ Married ☐ Single Parent ☐ Divorced

ACADEMIC INFORMATION

11. Curriculum/Program you are pursuing: _____

12. First enrollment at WCC (ex. Fall 2010): _____

13. Current classification: ☐ 1st Time FR (0-29 hrs) ☐ 2nd Time FR (1-29 hrs) ☐ SO (30-59 hrs)

14. Current Enrollment Status:

☐ Full-time (12+ hrs) ☐ $\frac{3}{4}$ Time (9-11 hrs) ☐ $\frac{1}{2}$ Time (6-8 hrs) ☐ Less than $\frac{1}{2}$ Time (less than 6 hrs)

15. Current Cumulative GPA: _____ 16. Do you plan to transfer to a 4-year institution? ☐ Yes ☐ No

ELIGIBILITY INFORMATION

17. Number of family members at home, including yourself: _____

18. Have you lived with your parents in the last year? ☐ Yes ☐ No

19. Parent(s)/Guardian(s) occupation: Father: _____ Mother: _____

20. Did the parent(s)/guardian(s) with whom you lived prior to your 18th birthday graduate from a 4-year institution?

☐ Yes ☐ No

21. Are you registered with Accessibility Services on campus? ☐ Yes ☐ No

22. Annual income (after taxes) for yourself, if an independent student, or for your parents if dependent:

☐ \$0 - \$19,140 ☐ \$19,141 - \$25,860 ☐ \$25,861 - \$32,580 ☐ \$32,581 - \$39,300

☐ \$39,301 - \$46,020 ☐ \$46,021 - \$52,740 ☐ \$52,741 - \$59,460 ☐ \$59,461 - \$66,180

☐ Other: _____

EDUCATIONAL BACKGROUND

23. High School Attended/GED: _____ 24. Graduation Date: _____

25. Are you a Wilson Early College Academy student? ☐ Yes ☐ No 26. Grade Level: _____

27. High School GPA: _____ 28. Have you taken? ☐ SAT ☐ ACT

29. Have you attended another community college? ☐ Yes ☐ No

30. If "yes," where and when: _____

31. Have you ever been a member of Student Support Services at any other college you attended? ☐ Yes ☐ No

32. Have you received a degree, certificate, or diploma from WCC or another community college? ☐ Yes ☐ No

33. If "yes," where, when, and what program? _____

FINANCIAL AID INFORMATION

34. Have you applied for financial aid? ☐ Yes ☐ No

35. Are you a veteran? ☐ Yes ☐ No

SERVICES REQUESTED

36. I request the following academic skills services:

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Computer Literacy | <input type="checkbox"/> Essay Writing/ Grammar | <input type="checkbox"/> Learning Styles | <input type="checkbox"/> Note Taking |
| <input type="checkbox"/> Math Skills | <input type="checkbox"/> Moodle Help | <input type="checkbox"/> Study Skills | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Test Taking | <input type="checkbox"/> Time Management | | |

37. I request the following advising services:

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic/Career | <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Financial Aid/Scholarships |
| <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> College Transfer | <input type="checkbox"/> Personal Concerns |

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that my social security number is required for and will be obtained and handled confidentially by program staff for Federal reporting purposes. I hereby grant permission to Student Support Services to obtain requested information from my personal file and student records (including enrollment, attendance, grades, financial aid, disability documentation, and student employment) for the purpose of helping me to succeed while enrolled at Wilson Community College.

I hereby certify that the information given on this application is true and correct to the best of my knowledge. I agree to participate in all program activities (tutoring, advising, study skills, field trips, and study labs).

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If student is under 18 years of age)

FOR OFFICE USE ONLY

Date Application Received: _____

Status: ☐ Approved ☐ Pending ☐ Denied (Reason: _____)

Eligibility: ☐ Low Income & First Generation ☐ First Generation Only ☐ Low Income Only

☐ Disabled & Low Income ☐ Disabled

Project Director's Signature _____ Date _____