



STUDENT SUPPORT SERVICES APPLICATION

Application information

Date: _____

PSCID#: _____

D.O.B: _____

Sex: Male Female

Full Name: _____
Last First M.I.

Address: _____
Street address Apt/Unit #

City State Zip Code

Phone#: _____ Alternate Phone#: _____

PSC Email: _____

Eligibility Information

Answer each question:

- | | | | |
|---|--|---|--|
| Under the age of 24 | Yes <input type="checkbox"/> No <input type="checkbox"/> | A low-income individual | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Married | Yes <input type="checkbox"/> No <input type="checkbox"/> | I have a documented disability | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Veteran | Yes <input type="checkbox"/> No <input type="checkbox"/> | Orphan/Ward of the court (until age 18) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Neither of your natural nor adoptive parents graduated from a four-year college/university? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Citizenship Status

Are you a U.S. Citizen? Yes No Are you a National of the U.S.? Yes No

Meet Residency Requirements for Federal Student Financial Aid? Yes No

Ethnicity

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic (Identify another race you identify with) |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Native American / Alaskan |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other: |

Financial Aid

Have you submitted your FAFSA?

Yes No

If yes, date submitted: _____

Financial Aid Received At Polk State College

Check all that apply:

- None Scholarship(s)
 Bright Futures Other:
 Pell Grant(s)

Education History

What is your current Class Level?

- Freshman (1st year)
 Freshman (<30 credits)
 Sophomore (>30 credits)

When do you plan to graduate?

Fall Spring Summer Winter

Graduation Year: _____

Where do you plan to transfer once you graduate?

- I am unsure
 I do not plan to transfer to another institution

Note: You must provide the previous year's tax information at the time of application. * If you are under age 24 and none other applies, you must also provide your parents' tax information.

By signing, I agree under penalty of perjury that the above information is true and correct and that all supplemental materials submitted verifying my program eligibility are genuine. Additionally, I permit TRiO SSS program staff to discuss (individually or as a team) my academic, disciplinary, and disability records (if applicable) with professors, administrators, and advisors for the purpose of improving my chances of graduating and securing a successful transfer to a 4-year institution. I also understand that my photo or likeness may appear in SSS printed materials or web publications.

Signature: _____

Date: _____

Office Use Only:

Entry Status: Accept Pending Decline Category: LI & 1G 1G D & LI D

Inst. Entry Date: _____ Project Entry Date: _____ Date Of First Service: _____

Director Signature: _____ Date: _____

SUBMIT

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