

Student Support Services

Participant Application

Important: For your application to be complete, you need this application as well as the SSS Student Self-Assessment.

I. General Information

Name _____ UTC ID _____
First/Middle/Last

Local Address _____
Street/Apt# City State Zip

Cell Phone# _____ Graduation Date _____

II. Academic/Enrollment Status

College level (check one) _____ / _____ / _____ / _____ / Major _____
(Fr) (So) (Jr) (Sr)

Check all that apply:

☐ First semester freshman: ACT/SAT score _____ High school GPA _____

☐ First semester transfer student ☐ Current student: GPA _____

☐ Good academic standing ☐ Probation ☐ Readmitted ☐ Financial suspension

Enrollment status: ☐ Full time (12+ credits) ☐ Part-time (<12 credits)

Initial enrollment at UTC (semester & year) _____

Equal Opportunity Admission: Student Support Services is committed to serving underrepresented students seeking support and we encourage applications from persons of diverse backgrounds. The following information is only used for statistical research required by the Department of Education.

Ethnicity (check all that apply)

☐ Hispanic ☐ American Indian/Alaskan ☐ Asian

☐ African American ☐ White ☐ Hawaiian

Gender

☐ Male

☐ Female

Date of Birth: Month _____ Day _____ Year _____

(over)

IV. Eligibility Information

1. Are you a U.S. citizen or permanent legal resident? ☐ Yes ☐ No
2. Are you receiving services from the Disability Resource Center? ☐ Yes ☐ No
If yes, mark any of the following that apply to you:
☐ Learning Disability ☐ Physical Disability
3. Did your parent (s) receive a four year college degree? ____ Yes ____ No
4. Are you receiving financial aid? ☐ Yes ☐ No (If yes, skip questions 5 & 6)
5. What is your total family annual taxable income? \$ _____
6. What is the number of family members at home (including you)? _____

V. How did you learn about Student Support Services?

- ☐ Other TRIO program ☐ website ☐ UTC staff/faculty ☐ other student
- ☐ referral from _____

VI. Comments

Additional information you wish to share that may help us help you: _____

VII. Verification and Release Authorizations

I certify that the information contained in this application is true and complete to the best of my knowledge. Further, I authorize Student Support Services (SSS) to have access to my academic and financial records for program purposes. I request that none of my personally identification information be released to anyone other than the SSS staff and the U.S. Department of Education without my written consent. I agree that the program has the right to use my name or photograph in conjunction with TRIO and SSS related activities.

Signature _____ Date _____

Return to: Student Support Services
101 Barr Building, Dept. 4955
739 McCallie Avenue
Chattanooga, TN 37403-2598
Phone: 423.425.5344 Fax: 423.425.2111

Student Support Services is funded 100% by the U. S. Department of Education

SSS Student Self-Assessment

Please answer each statement honestly. This assessment will help determine what services at SSS will best help you succeed.

Name : _____ UTC ID : _____ Date : _____

Academic Needs

| | No | Sometimes | Yes |
|---|----|-----------|-----|
| 1. I feel that I have the ability and skill to successfully do college-level work. | | | |
| 2. I understand how to plan study time. | | | |
| 3. I easily adjust my learning style or study needs to my instructors' teaching styles. | | | |
| 4. I have earned a course grade of D or F. | | | |
| 5. I manage my time well for school and other commitments. | | | |

Academic Advising

| | No | Sometimes | Yes |
|--|----|-----------|-----|
| 1. I seek out my advisor for guidance. | | | |
| 2. I have a good relationship with my advisor. | | | |
| 3. I know the academic choices and schedules I must make in order to reach my career goal. | | | |
| 4. I am considering changing my major or minor. | | | |
| 5. I understand how to search for classes and read MyMocsDegree. | | | |

Career Support

| | No | Sometimes | Yes |
|--|----|-----------|-----|
| 1. I have already worked in the career area that interests me (or at least have seen for myself what it requires). | | | |
| 2. I made my own decision about my major. | | | |
| 3. I am comfortable with the job application process (resumes, interviews, etc.) | | | |
| 4. I know how to secure an internship in my field. | | | |

Financial Support

| | No | Sometimes | Yes |
|--|----|-----------|-----|
| 1. Do you have the financial resources to cover your basic needs (food, housing, etc.)? | | | |
| 2. I could find the money to pay for a financial emergency that cost \$1,000. | | | |
| 3. I rarely worry about being able to meet normal monthly living expenses. | | | |
| 4. I am confident that I have enough money to complete college. | | | |
| 5. I have a clear picture of the financial resources available to me to pay for college. | | | |
| 6. I plan to work more than 15 hours per week. | | | |

Graduate School

| | No | Sometimes | Yes |
|--|----|-----------|-----|
| 1. I will need or plan on attending graduate school for my chosen career. | | | |
| 2. I know what graduate school requires (test scores, GPA, application process). | | | |

Belonging/Personal Support

| | No | Sometimes | Yes |
|--|----|-----------|-----|
| 1. I enjoy attending campus functions. | | | |
| 2. I feel a sense of belonging on this campus. | | | |
| 3. I know about campus services and how to use them. | | | |
| 4. I feel supported by my family and friends. | | | |

Extras

What did we miss that you want us to know?