CONFIDENTIAL APPLICATION
PROGRAM YEAR 2012-2013

PLACE A CHECK MARK BESIDE THE HCC CAMPUS WHERE YOU FIRST ENROLLED IN CLASSES.

___ YBOR CITY CAMPUS
___ BRANDON CAMPUS
___ SOUTHSHORE CAMPUS
___ DALE MABRY CAMPUS
___ PLANT CITY CAMPUS
___ HCC MACDILL CENTER

An academic support program for the retention and graduation of selected Hillsborough Community College Students.
PROGRAM MOTTO:

"PUTTING STUDENTS FIRST IN THE PURSUIT OF EXCELLENCE"
Dear Student:

Thank you for your interest in our Federal TRIO Student Support Services (SSS) program. This Program provides support services to eligible students thereby enhancing their academic skills, increasing their retention and graduation rates, and as appropriate, facilitating their transfer into four-year colleges or universities. TRIO SSS also offers an array of services and activities designed to ensure a successful and productive collegiate experience for all participants. (See Attachment “A”).

Please fill out the enclosed confidential application package and sign the Letter of Agreement before submitting your application for processing.

We invite you to visit one of our conveniently located centers on the following campus sites:

Ybor City Campus (Main Office)
Faculty Building, Room #116
Telephone Number (813) 253-7660
Fax Number (813) 253-7789

Dale Mabry Campus
Social Science Building, Room(s) #242 & #239
Telephone Number (813) 253-7507 or (813) 253-7444
Fax Number (813) 259-6087

At either location, you will find friendly professional staff willing to assist and provide you with additional important information about our TRIO Student Support Services Program.

Best wishes for a successful academic career.

Sincerely,

Derrick Brown, M.P.A.
Campus Grants Officer
TRIO Student Support Services
Hillsborough Community College

DB/bm
Attachment “A”

Requirements:

a) Citizen or national of the United States or meets the residency requirements for Federal Student Financial Assistance.

b) Enrolled at Hillsborough Community College (HCC) or has been accepted for enrollment in the next academic term at HCC.

c) Has a need for academic support, as determined by SSS, in order to successfully pursue a post-secondary educational program.

d) Satisfies one or all of the following eligibility criteria

   (1) A low-income Individual
   (2) A first generation college student
   (3) An individual with disabilities

Services and Activities:

- Academic Advising
- Academic Tutoring
- Advice and assistance in postsecondary course selection
- Assistance in applying for admission to 4-Year Institution and obtaining Federal student aid (not applicable to 4-year institutions)
- Assistance in completing and applying for Federal Student Aid
- Career Seminar and Guidance Services
- Computer Use
- Cultural Enrichment Activities
- Educational / counseling to improve financial and economic literacy
- Educational Visits to 4-Year Colleges and Universities
- Financial Aid Workshop
- Information in applying for Federal Student Aid
- Limited Book Usage Program
- Scholarships (SSS Grant Aid, Institutional Need and Incentive)
- Study Skills Development Workshop
- Supplemental Instruction
- Technology Workshop
- Transfer Workshop
PLEASE READ THE INFORMATION STATED BELOW PRIOR TO COMPLETING THIS APPLICATION.

1. Submitting an application **does not mean** that you are automatically accepted into the program. All applicants **must** meet certain federal mandated criteria to be accepted.

2. After completion of the application review process, the Program will inform all applicants in writing about the status of their application.

3. **A limited number of vacancies are available at the start of a new academic year.** This program is officially funded to meet the needs of two hundred (200) students for 2012/2013 Academic Year.

4. Application Packets must be returned in person to a TRIO Student Support Services advisor on the Dale Mabry, or Ybor City Campus:

   **Interviews will be conducted as follows:**

   **Monday** through **Thursday**
   8:30 a.m. - 4:00 p.m.

   **Friday**
   By Appointment Only

**NOTE**

Student Support Services will process all completed applications based on priority submission dates. Applicants should submit completed applications as soon as possible before the official deadline date.

**DEADLINE FOR SUBMITTING APPLICATION PACKET**

  Friday, August 17, 2012
FOR OFFICE USE ONLY:

TRIO SSS PROGRAM ELIGIBILITY ASSESSMENT

_______ New Application
_______ Re-Certification
_______ Eligibility

Acceptance Date
Exit Date
Re-Admission Date
2nd Exit Date

Citizenship (Documentation Attached)

_______ U.S. National / Naturalized Citizen

_______ U.S. Permanent Resident

_______ U.S. Resident of Trust Territory/Pacific Islands

Eligibility (Documentation Attached)

_______ Disability:

_______ Low-Income:

_______ First Generation:

_______ Academic Need

CPT Test Scores
Preparatory Course(s)
SAT Verbal/Math
Act
Diagnostic Tests
Failing Grades
Lack of Educational and/or Career Goals
Out of College 5 years or more
Limited English Proficiency
Need for Academic Support
Other

Students Entering Hours / Grade Point Average (GPA)

_______ High School
_______ College
_______ Transfer
_______ First Time in College (FTIC)
_______ Other (GED)

(Hours/Grade Point Average)

Completed Application Reviewed by: __________________________ Date: __________
*** Letter of Agreement ***

I understand that the TRIO Student Support Services (SSS) at Hillsborough Community College is designed to enhance my college experience and assist me in achieving academic success. I also understand that, in order for this to occur, I must actively participate and cooperate with the Student Support Services Program guidelines. I voluntarily agree and commit myself to the following:

1. I will voluntarily meet with an SSS academic advisor as required each semester to review my academic program and progress. Likewise, I agree to keep appointments with TRIO SSS staff, and other appropriate college personnel to assist me in my academic curriculum.

2. I agree to use the program's advising, counseling and tutorial services, on a regular basis, or as requested by my advisor, to ensure that I register and succeed in the appropriate courses.

3. I will immediately notify a Student Support Services Program Advisor of any changes in my academic schedule, major, and/or the degree that I am seeking.

4. I will immediately notify a Student Support Services Program Advisor if I find myself unable to continue my education or before I officially withdraw from Hillsborough Community College.

5. I agree to share any complaints, problems, or difficulties I may be experiencing in the Program or the College with my Student Support Services Program Advisor. I will cooperate with the Director in resolving such problems.

6. I will immediately notify the Student Support Services Program staff of changes to my address, telephone number and/or emergency contact person.

7. I authorize my instructors to share information with the TRIO Student Support Services Program Advisor concerning my general progress, attendance, and grades. I expect this information to be kept confidential and shared with discretion for the sole purpose of assisting me in the continuation and completion of my education which will lead to a successful graduation from Hillsborough Community College.

8. I authorize the Office of Admissions & Records, and Financial Aid to provide the Student Support Services Program Staff with any information concerning my grades, academic progress, courses, and transcripts needed to assist me in my education at Hillsborough Community College.

9. It is understood that if I am accepted into the Program, attendance to Orientation is MANDATORY. Additionally, a passport size photo will be taken for my official program file.

Student Signature: ___________________________ Date: ________

Staff Signature: ___________________________ Date: ________
Upon Acceptance
A Passport Size
Photo will be
taken for your file.

1. Name: ____________________________
   Last                    First                    Middle Initial

2. *Social Security #: ___________ College I.D. #: ___________ 3. Date of Birth: ___________

4. Address: ____________________________ Apartment Number: ______
   City: ____________________________ State: ______ Zip Code: ______

5. Please check Gender: Male ___ Female ___

6. Home Phone #: (    ) ___________ 7. E-mail: __________________
   Cell Phone #: (    ) ___________ Alt. E-mail __________________
   Area Code ___________ Area Code ___________

   If no home/cell phone, provide a number where you can be contacted (    ) ___________
   Area Code ___________

8. Please check the line next to your ethnicity.
   American Indian/Alaskan Native ______
   Asian ______
   Black/African American ______
   Hispanic / Latino ______
   White (Other than Hispanic) ______
   Native Hawaiian / Pacific Islander ______
   Mixed Race ______

9. Where were you born? ____________________________

10. Marital Status: ______ Single ___ Married____ Separated ____ Divorced

11. Number of Children: ____________________________

*Required by U.S. Department of Education

12. Did either of your parents graduate from a 4-year college / university? Yes ___ No ___
13. Do you have a physical and/or learning disability? Yes____ No____

If yes, what is your physical and/or learning disability? ____________________________________________

YOU WILL NEED TO PROVIDE DOCUMENTATION (DATING BACK 3 YEARS OR LESS) AS PROOF OF YOUR DISABILITY

14. Please indicate how you learned about this program.

___Word of Mouth ___Program Staff ___Poster-
___Hawkeye ___Faculty ___Visit to Program Office
___Other Student ___Program Participant ___HCC and or the
___Program Alumni ___Hawk Radio Program’s Website
___Other _______________________________

EDUCATIONAL INFORMATION:

15. Are you a high school graduate? Yes_____ No____

(a) If yes, from which high school did you graduate? __________________________

Address: __________________________ City: ___________ State: __________

(b) If no, did you receive a General Education Development (GED) Certificate?

Yes ___ No ___ . If yes, where did you receive your (GED) Certificate?

Address: __________________________ City: ___________ State: __________

16. Please check the appropriate space below:

Full-Time Student (carrying 12 credit hours or more a (semester) ________
Part-Time Student (carrying 12 credit hours or less a (semester) ________

17. Please check your current student status at Hillsborough Community College.

Freshman (0 - 29 earned college credit hours) ________

Sophomore (30 or more earned college credit hours) ________

18. Are you a degree-seeking student? Yes_____ No____

If yes, check the degree you are seeking and identify your major.

Associate in Arts (AA) ______ Associate in Science (AS) ______
Associate in Applied Science (AAS) ______

Dual Degree (Associate in Arts & Associate in Science) ______

Major(s): ________________________________

19. When did you first enter HCC? Month _____ Year ________
20. Please check column "A" (if you have taken any of the following preparatory courses) or check column "B" if you are required to take any of the following preparatory courses.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prep Reading I (REA 0007)</td>
</tr>
<tr>
<td></td>
<td>Prep Reading II (REA 0017)</td>
</tr>
<tr>
<td></td>
<td>Prep Writing I (ENC 0015)</td>
</tr>
<tr>
<td></td>
<td>Prep Writing II (ENC 0025)</td>
</tr>
<tr>
<td></td>
<td>Prep Algebra (MAT 0018)</td>
</tr>
<tr>
<td></td>
<td>Beginning Algebra (MAT 0028)</td>
</tr>
<tr>
<td></td>
<td>EAP</td>
</tr>
</tbody>
</table>

21. Please identify below in order of importance from A through F, (1 being the highest and 6 being the lowest) the types of assistance you will need if accepted into the Program.

- (a) Tutoring
- (b) Academic Advising
- (c) Personal Advising
- (d) Transfer & Graduation Planning
- (e) Study Skills
- (f) Career Advice

22. Have you applied for Financial Aid this academic year (i.e., 2012-2013)

Yes    No

If yes, please indicate date on your application

23. Have you turned in verification of your income or your families' income to the Financial Aid Office? Yes    No

If yes, please indicate date

24. Please check column "A" (if you have received any of the following Financial Assistance) or check column "B" (if your application is pending for the following Financial Assistance) and indicate the amount received or pending.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pell Grant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supplemental Educational Opportunity Grant (SEOG)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Federal Work Study</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stafford Loan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Veteran's Administration Grant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Private Scholarship(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Security Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AFDC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents Supplemental Loan (PLUS)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supplemental Student Loan (SSL)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HCC Need Scholarship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minority &quot;Incentive&quot; Scholarship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minority &quot;Need&quot; Scholarship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student Support Services &quot;Need&quot; Scholarship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student Support Services &quot;Incentive&quot; Scholarship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student Support Services Grant Aid Scholarship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
25. Please **check** the person(s) who will be responsible for satisfying your financial need while you attend college:

- [ ] Myself
- [ ] Spouse
- [ ] Parents/Guardians
- [ ] Employer
- [ ] Other Services

26. Are you in any other special educational or training program(s) which help finance your classes?  
Yes [ ] No [ ]

If **yes**, what program? ________________

27. Please **circle** the number of people in your household (including **yourself**):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

28. Number of children in household **under 18 years of age**? ________________

29. Please **check** your family income range:

- [ ] 0 to $16,755
- [ ] $16,756 to $22,695
- [ ] $22,696 to $28,635
- [ ] $28,636 to $34,575
- [ ] $34,576 to $40,515
- [ ] $40,516 to $46,455
- [ ] $46,456 to $52,395
- [ ] $52,396 to $58,335
- [ ] $58,336 and more

Please provide one of the following documents listed below, as proof of your annual income for the previous year.

(a) A copy of your 1040  
(b) AFDC certification  
(c) Free or reduced lunch verification  
(d) Food stamp verification

Your application for admission to the TRIO Student Support Services Program **will not be** accepted without this information.
CERTIFICATION OF UNITED STATES CITIZENSHIP

I, ____________________________, do certify that I am residing in the United States as:

(PLEASE CHECK ONE):

_____ a United States National (born in the United States of America or a naturalized citizen).

_____ a Permanent Resident

_____ United States Resident of a Trust Territory/Pacific Islands

Name of Territory or Island

Alien Number

Sworn to and Subscribed before me

this ___ day of _____________, 2012.

________________________________________
Signature

________________________________________
NOTARY PUBLIC

Driver License Number
FIRST-GENERATION ELIGIBILITY CERTIFICATION

As a student of Hillsborough Community College, I hereby certify that:

[ ] neither my father nor mother has earned a Baccalaureate degree.

[ ] the legal guardian/custodial parent with whom I resided as a minor has not earned a Baccalaureate degree.

Sworn to and Subscribed before me

this _____ day of ____________, 2012. __________________________

Signature

________________________

NOTARY PUBLIC

________________________

Driver License Number
RELEASE AND WAIVER OF LIABILITY

(READ CAREFULLY BEFORE SIGNING)

As a student of Hillsborough Community College, I hereby acknowledge that membership in the Student Support Services Program will involve participation in extracurricular and recreational activities, as well as off-campus student trips.

Furthermore, as the undersigned, I hereby agree that for the sole consideration of the College allowing me to participate in the TRIO Student Support Services Program, I hereby release and forever discharge the Student Support Services Program, the Board of Trustees and the President of Hillsborough Community College, its members individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and consequences thereof, resulting from my participation in or in any way connected with such activities and functions of the Student Support Services Program.

I have read the above carefully before signing and fully understand its content. Furthermore, I understand that this release and waiver of liability shall remain in effect for the duration of my membership and participation in the Student Support Services Program.

________________________________________
Signature

Sworn to and Subscribed before me
this ___ day of ___________, 2012.

________________________________________
NOTARY PUBLIC
INDIVIDUALIZED ORIENTATION FORM

Please complete the Individualized Orientation Form before your initial meeting with one of the Programs Academic Advisors.

Students Name: ____________________________________________________________

Interviewers Name: ___________________________ Date: ________________________

The information provided through this intake form is strictly confidential and may be used only in accordance with the release of information authorized through the Student Support Services Program Application. This data will be used exclusively by the program staff to plan and develop an individualized support plan and personal needs profile for each student.

Each student participating in the program must complete an Individualized Orientation/Structured Interview in order to (1) be accepted into the program, (2) insure appropriate eligibility and provide required accurate documentation, (3) explore the student's purpose and motivational factors involving enrollment in college, and (4) develop a rapport between each student and at least one specific staff member.

=============================================

EDUCATIONAL DATA:

1. What subject(s) did you find challenging in school?
   __________________________________________

2. What college(s)/universities have you previously attended? ____________________________
   __________________________________________ (Please provide a transcript).
   What was your major? _________________________
   How many credit hours did you complete? ____________________________
   How many college credit hours did you transfer to Hillsborough Community College?
   __________________________________________

3. Do you plan to transfer to a 4-year college/university? _____Yes _____No
   If yes, indicate where, and why?
   __________________________________________
TRIO Student Support Services Program

*Individualized Orientation Form*

4. How many years do you think it will take you to graduate from HCC? ________

5. Do you see any obstacles that might interfere with your goals to graduate from HCC?  
   ____ Yes ____ No. If **yes**, please indicate below.

6. Please check if you were a member of any of the following Program(s).
   ______ Upward Bound     ______ Talent Search     ______ College Reach-Out
   ______ Upward Bound Math Science     ______ Veterans’ Upward Bound
   ______ Another Student Support Services Program     ______ Ronald McNair Program
   ______ Other _______________________

7. Emergency Contact Information:
   Parents Name: ___________________________ Phone # ___________________________
                 (Area Code)
   Grandparents Name: ______________________ Phone # ___________________________
                 (Area Code)
   Other (specify): __ Aunt __ Uncle __ Brother __ Sister __ Friend __ Cousin
   Name: ___________________________ Phone # ___________________________
           (Area Code)

8. Are you Bilingual? ____ Yes ____ No
   If **yes**, list language(s): ___________________________

**MEDICAL DATA:**

9. Have you had any long-term illnesses, serious injuries, or medical problems? ____ Yes ____ No
   If **yes**, please explain:
   ___________________________
   ___________________________

10. Are you currently on a medical alert for any health problem which might require emergency medical assistance? ____ Yes ____ No
    If **yes**, please explain:
    ___________________________
TRIO Student Support Services Program
Individualized Orientation Form

11. Are you currently taking any medications? ___Yes ___No
   (If yes, indicate type & dosage):

12. Are you currently employed? _____ Yes _____ No. If yes, check one of the following:
    _____ Full-time _____ Part-time.

13. Employed by: __________________________ Work Phone #: (     ) ________________________
    Area Code
    Employers' Address: __________________________ City________ Zip Code____

14. Will you be working while you are a student? _____ Yes _____ No
    If yes, how many hours will you be working each week and in what field?

    ________________________________________________________________

    What work related skills do you have?

    ________________________________________________________________

HOBBIES / INTEREST

15. Briefly describe your hobbies or the things you like to do. ________________________________
    ________________________________________________________________
Academic Advisors' Remarks/Recommendations: