



The SSS Program serves 160 students each year. To determine your eligibility, please complete this application to the best of your ability and submit it to any SSS Program Office along with your supporting documents.  
 PCCC does not discriminate on the basis of race, color, national origin, religion, physical disability, age, sex, or sexual orientation as set forth in Title IX.

**OFFICE USE ONLY**

Date of Review: \_\_\_\_\_  
 Currently Enrolled: Yes No  
 For Term: \_\_\_\_\_ (Field #23)  
 Part-time: \_\_\_\_\_ Full-time: \_\_\_\_\_

Academic Standing:  
 ELS BS GPA \_\_\_\_\_

**ACADEMIC**

Math Level \_\_\_\_\_ Reading Level \_\_\_\_\_  
 Writing Level \_\_\_\_\_ GPA: \_\_\_\_\_  
 College: \_\_\_\_\_

Income Verified: Yes No

**FINANCIAL AID (Field # 35)**

Family's verified taxable income  
 \$ \_\_\_\_\_  
 Family Size: \_\_\_\_\_  
 Need: \_\_\_\_\_  
 Award: \_\_\_\_\_  
 Promise: Yes No

**Eligibility Requirements: (Field # 15)**

**To be eligible to participate in the SSS Program, you must meet at least one of the following:**

- Low Income & First Generation (1)
- Low Income Only (2)
- First Generation Only (3)
- Disabled Only (4)
- Disabled & Low Income (5)

**ACADEMIC NEED (Field #16)**

- 1= Low High school grades
- 2= Low admissions test scores (3 & 4 No Longer used)
- 5= Predictive Indicator
- 6= Academic proficient tests
- 7= Low college grades
- 8= High school equivalency
- 9= Failing grades
- 10= Out of the academic pipeline for 5 or more years
- 11= Other
- 12= Limited English proficiency
- 13= Lack of educational and/or career goals
- 14= Lack of academic preparedness for college level course work
- 15= Need for academic support to raise grades in required courses/academic major
- 0= No response/unknown

Verification signature: \_\_\_\_\_

Note to Applicants: Information stated on this application will be held in confidence by the Program Director and SSS Staff. **Please answer all questions.**

**PERSONAL DATA (Field # 3-21)**

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

PCCC Student ID: \_\_\_\_\_

Name: \_\_\_\_\_  
 Last First MI

Address: \_\_\_\_\_  
 Number and Street

City, State, Zip Code

Telephone Number(s): Hm. \_\_\_\_\_

Cell: \_\_\_\_\_ Wk: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

First Entry to PCCC, Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Marital Status: Married  Single  Separated  Divorced

Ethnic Origin (check one) Race (check one) (Field # 9 - #14)

- |                      |                                  |
|----------------------|----------------------------------|
| Hispanic/Latino      | American Indian/Alaskans Native  |
| Non Hispanic /Latino | Asian – Pacific Islander         |
| Latin America        | Black/African American           |
|                      | Caucasian/White                  |
|                      | Native Hawaiian/Pacific Islander |

Do you have children? Yes  No  Ages: \_\_\_\_\_

Veteran: Yes  No  Military Branch \_\_\_\_\_

Active Military/Reservist: Yes  No  Branch \_\_\_\_\_

Are you a U.S. Citizen? Yes  No   
 If no, are you a Permanent Resident? Yes  No   
 Alien Registration #: \_\_\_\_\_

Indicate with whom you reside & list names: \_\_\_\_\_ Both parents \_\_\_\_\_  
\_\_\_\_\_  
Mother \_\_\_\_\_  
\_\_\_\_\_  
Father \_\_\_\_\_  
\_\_\_\_\_  
Other (be specific) \_\_\_\_\_

Indicate your family income: Current family size \_\_\_\_\_ Total Income \$ \_\_\_\_\_  
Source of income \_\_\_\_\_ (Example: employment, Social Security, TANF, etc.)  
Family Size (How many people are dependent on this income): \_\_\_\_\_

Did your mother or father attend college? Yes  No   
If yes, what type of college? 2yr  4yr   
Did your mother or father earn a college degree? Yes  No   
If yes, what type of degree? Associate  Baccalaureate  Graduate/Professional

Do your parents claim you as a dependent? Yes  No  Taxable Family Income: \$ \_\_\_\_\_  
If neither, indicate your current status: \_\_\_\_\_

Do you have a **documented** physical or learning disability? Yes  No   
If yes, are you registered with the PCCC Office of Disabilities Services? Yes  No

I give PCCC TRiO Student Support Services (SSS) personnel to exchange information with PCCC's Office of Disability Services (ODS) and to keep documentation of my registration on file.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Sign ONLY if you are registered with ODS).**

**EDUCATIONAL DATA:**

High School Diploma  or GED?  Date received: \_\_\_\_\_

Name of High School or city and state where GED was attained: \_\_\_\_\_

Have you previously attended any other colleges or universities? Yes  No

Have you attended a technical school? Yes  No

If yes, give the name of college, university or technical school, dates attended and the number of credits you are transferring Name(s) \_\_\_\_\_

Date(s): \_\_\_\_\_, \_\_\_\_\_ and Credits \_\_\_\_\_

Have you previously participated in any of the following programs?

Educational Opportunity Fund Program (EOF)  Talent Search  Upward Bound   
Gear-Up  TRIO-SSS

How many hours per week do you work? None  1 – 19  20 – 39  40 +

**ELIGIBILITY DATA:**

Have you been admitted to PCCC? Yes  No

Are you currently enrolled in classes at PCCC? Yes  No

Please indicate the first semester you attended or will attend PCCC? (i.e. fall 2012) \_\_\_\_\_ **(Field #17)**

What is or will be your number of college level credits earned? 0-15  16-30  31-45  46 – up

What is your intended major? A.A., A.S., A.A.S., Certificate \_\_\_\_\_ **(Field #33)**

Have you applied for Financial Aid through the FAFSA form? Yes  No

Have you been awarded Financial Aid at PCCC (scholarships, grants, etc)? Yes  No

**Please complete an Essay:** This essay should be several paragraphs long and demonstrate your understanding of how this program may help you. You also need to make a strong case for why you should be awarded one of the 160 slots available in the program. Use the following guide and answer *all* questions.

1. Introduce yourself and tell a little about yourself. This may include your background, where and how you were raised, any interesting incidents in your life, your school and work history. etc.
2. What priority level does education hold for you? What is your plan of action for overcoming any obstacles that stand in the way of your education? Be specific. What obstacles do you face and how do you plan to overcome them?
3. Assume that all the program's 160 slots are full or that you are applying for the last slot. Why should the Trio SSS program accept you? What makes you an ideal candidate for this program? Most importantly, why do you need the services that TRiO SSS provides and how do you plan to use them? Please refer to our website for more information on the program at [www.pccc.edu/studentss](http://www.pccc.edu/studentss).

### **PARTICIPATION AGREEMENT:**

The purpose of this agreement is to communicate an understanding of your responsibilities as a PCCC TRiO SSS participant. While TRiO SSS agrees to provide free, personalized services and academic support, we believe students should be aware of their responsibilities before agreeing to participate in the program. Therefore, we would like you to carefully read this agreement before signing.

#### **I UNDERSTAND AND AGREE TO THE FOLLOWING:**

1. **I will attend all appointments and meetings arranged through TRiO SSS.**
2. **My academic progress will be monitored by TRiO SSS staff and current record of my academic work will be maintained.**
3. **I will discuss any changes in registration with my TRiO SSS counselor prior to making the official change (i.e. dropping/adding courses or withdrawing from PCCC.)**
4. **I will maintain regular contact with my TRiO SSS counselor or program staff (at least twice a semester) during my enrollment as an undergraduate student at PCCC.**

### CERTIFICATION

I certify that all the information contained in this application and provided with this application, including financial and family documentation, is true and correct to the best of my knowledge. I authorize the TRiO SSS Program Staff to verify all of the information contained in this application.

I give permission to release my name and/or picture for any TRiO SSS publication, including, but not limited to, the program newsletter and website. I understand that if I enroll in the TRiO SSS Program, I am required to fulfill requirements set forth by the TRiO SSS Program Administration. I understand that acceptance into the TRiO SSS Program is subject to academic standing, financial need, an interview, and the TRiO SSS Director's approval.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (**if under 18**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff or TRiO SSS Director

\_\_\_\_\_  
Date

STUDENT NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_ COHORT \_\_\_\_\_

# **TRiO – STUDENT SUPPORT SERVICES (SSS) PROGRAM ADMISSION APPLICATION**

**Funded by the U.S. Department of Education, the SSS Program is committed to assisting 160 both full-time and part-time students who are first-generation, low-income, or disabled. The TRiO SSS Program is designed to support eligible students from enrollment through graduation and to facilitate transfer to a four-year institution.**



**Student Support Services (SSS) Program  
Founders Hall, Offices E203, E204, E219, &E201A  
One College Boulevard  
Paterson, NJ 07505-1179**

## SERVICES YOU CAN EXPECT

- Personalized academic, career, and financial aid, and transfer coaching
- Tutorial services – group and one-on-one tutoring
- Individualized Graduation and Transfer Plan
- Summer Instructional Component (*Free 8-week Bridge Program*)
- Campus visits to four-year colleges and universities
- Enrichment activities
- Eligible for book voucher of **up to** \$300 per semester
- Eligible for childcare voucher for **up to** eight hours per week during the academic year and six hours per week during the summer (*student must be registered for courses*)
- Eligible for grant aid of **up to** \$582 (*eligibility based for academic year 2015-2016 & subject to change as per federal regulations*)

## How to Apply...

The following documents form the application package and should be submitted to the SSS Office:

- Completed TRiO SSS Program Application
- Copy of your federal income tax **TRANSCRIPT** if you are independent
- Copy of your parents/spouse's (person who claims you) federal income tax **TRANSCRIPT** if you are dependent
- Copy of Social Security Card and/or Permanent Resident Card
- Placement Scores (new students) or transcripts (returning students)
- Copy of your Bill/Schedule

**\*Complete the Financial Aid Application-Free Application for Federal Student Aid (FAFSA)**

## Contact us

- Marva Cole-Friday, Director (973) 684-6442 .... Rm. E203.... mcole-friday@pccc.edu
- Joyce Addo-Anum, Senior Counselor (973) 684-6334... Rm. E204.... jaddo@pccc.edu
- Stephanie Velasquez, Counselor (973) 684-6443. Rm. E219... svelasquez@pccc.edu
- Keshia Crawford, Secretary (973) 684-6228..... Rm. E201A ...kcrawford@pccc.edu