



# PASSAIC COUNTY COMMUNITY COLLEGE Student Support Services Application

## APPLICANT INFORMATION

Last Name		First		Middle	
PCCC ID	SSN _____ - _____ - _____	DOB	____ / ____ / ____	Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Home Address					
City		State		ZIP	
County	Cell Phone ( ) -	Home Phone ( )	-		
PCCC Email		@students.pccc.edu			
Do you have children? Yes <input type="checkbox"/> No <input type="checkbox"/>		How Many? _____	Have you completed the FAFSA? Yes <input type="checkbox"/> No <input type="checkbox"/> I will <input type="checkbox"/>		
Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>		Branch _____	Active Military/Reservist: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ethnicity (indicate all that apply):					
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Black or African-American			
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> White			
<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian or other Pacific Islander			

## ELIGIBILITY

Did Your Mother <b>Graduate</b> from College with a <b>4-Year Degree</b> ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did Your Father <b>Graduate</b> from College with a <b>4-Year Degree</b> ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are You a U.S. Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do You Have a Documented Disability?
			YES <input type="checkbox"/> NO <input type="checkbox"/>

## Programs you have participated in:

Indicate all that apply:  **Upward Bound**  **Student Support Services** If SSS, Where? \_\_\_\_\_  
 **Talent Search**  **Educational Opportunity Fund (EOF)**  **GEAR UP**

## EDUCATIONAL INFORMATION

Date of High School Graduation	____ / ____ / ____	Or Received GED <input type="checkbox"/>
Name of High School Attended		
Academic Standing	Math Level _____	English Level _____ ELS Level _____
Major of Study		
Enrollment Status	Full-time <input type="checkbox"/>	Or Part-time <input type="checkbox"/>
Have You Attended College Elsewhere?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If YES, Where? _____
Are you transferring credits to PCCC	YES <input type="checkbox"/>	NO <input type="checkbox"/> If YES, How many _____

## INCOME VERIFICATION

Number in Household:	Our Family's <b>Taxable Income*</b> \$	Student's <b>Taxable Income*</b> \$
My Family <b>DID NOT</b> File Income Taxes <input type="checkbox"/>		

*\*Please Submit Your Family's Most Recent Income Tax Return, Showing **Taxable Income** (#43 on Form 1040).*

Parent/Guardian Signature	Date ____ / ____ / ____
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**PLEASE CONTINUE ON THE BACK OF THIS FORM**



# PASSAIC COUNTY COMMUNITY COLLEGE Student Support Services Application (cont'd)

## AUTHORIZATION

I authorize the SSS Program to obtain, copy, review, and discuss my records including:

- |                                   |   |
|-----------------------------------|---|
| ✓ High School Transcript          | ✓ Course Registration for Each Semester |
| ✓ Transcripts from Other Colleges | ✓ Academic Progress                     |
| ✓ Financial Aid Records           | ✓ Final Grades and Transcripts          |
| ✓ Standardized Test Scores        | ✓ Disability Documentation              |

**I authorize use of my name and photograph to be published in Student Support Services' publications. I also certify that all of the above information is correct. Completion of the application does not guarantee acceptance into the program.**

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

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office: 973-684-6228**

**STUDENT SUPPORT SERVICES**  
**Passaic County Community College**  
**Founders Hall Rooms E206, E204, E203 and E202** Email: [sss@pccc.edu](mailto:sss@pccc.edu)  
**1 College Boulevard, Paterson, NJ 07505**

**Website: [www.pccc.edu/studentss](http://www.pccc.edu/studentss)**

### Please complete an essay:

This should be at least 3 paragraphs and demonstrate your understanding of how this program may help you.

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 education 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? What obstacles are you currently facing?
3. What makes you an ideal candidate for this program?

## OFFICE USE ONLY

Counselor Assigned \_\_\_\_\_ Welcome Letter Sent On \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

**Date of First Service** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Cohort Year** \_\_\_\_\_ - \_\_\_\_\_ Regular Admit participant:   
Summer Admit participant:

Program Entry Level:  **First Year, Never Attended**

**First Year, Attended Before**

**Second Year, Sophomore**

**Third Year, Junior**

**Fourth Year, Senior**

Institution Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Signature of Project Director

Date of Last Service \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason: \_\_\_\_\_

Comments