

**TRiO**  
**STUDENT SUPPORT SERVICES**  
**PARTICIPANT APPLICATION**

**WALLACE CAMPUS**  
1141 Wallace Drive  
Dothan, AL 36303  
Phone: 334.556.2368  
Fax: 334.983.6202



**SPARKS CAMPUS**  
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Eufaula, AL 36072-0580  
Phone: 334.619.3010  
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Toll free: 1.800.543.2426, Ext. 2368/4271  
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**DR. DEMETRIS LOCKE, DIRECTOR**  
[dlocke@wallace.edu](mailto:dlocke@wallace.edu)

	<u>SPARKS CAMPUS</u>	<u>WALLACE CAMPUS</u>
<b>COORDINATORS OF SERVICES:</b>	<b>TERRI RICKS</b>	
<b>SECRETARIES:</b>	<b>LISA PETERSON &amp; LAUREN HERNDON</b>	
<b>INSTRUCTIONAL COORDINATORS:</b>	<b>JANE FRENCH &amp; KATHY LAWHORN</b>	
<b>FIRST-YEAR COLLEGE EXPERIENCE ADVISOR:</b>	<b>JERTAVIA LYMAN</b>	

*Student Support Services (SSS) is a federally-funded TRiO Program under the U.S. Department of Education that aids students in graduating from college. Program participants must meet certain requirements set forth by the Department of Education. TRiO Student Support Services at Wallace Community College is committed to providing intensive, supportive, and proactive services that prepare students for a rigorous educational pursuit. TRiO Student Support Services and Wallace Community College are equal opportunity affiliations and, therefore, does not discriminate on the basis of sex, race, religion, or disability in admission or access to their programs.*

*Motto: "One transferee is the gateway for others to achieve their highest educational pursuit."*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ College e-mail address: \_\_\_\_\_

Major: \_\_\_\_\_

*Please check all that apply:*

**Career Development (CD)**

- I am undecided on what to major in while in college.
- I have not yet determined my career goals and/or I would like to consider additional career options.
- I would like to use assessment tools to educate myself about career options.
- I need help with writing my resume, improving my interviewing skills, and/or finding a job.

**Transfer Assistance (TA)**

- I have many questions and am unsure about the process of transferring to a 4- year college.
- I would like to go on one or more campus visits to colleges/universities.
- I feel overwhelmed when I think about going to a larger school.
- I would appreciate help in applying to colleges, making living arrangements, requesting transcripts, making contacts at 4-year colleges, and/or other transfer issues.

**Academic Assistance (AA)**

- I would appreciate having an academic advisor who has plenty of time to get to know me personally.
- I need guidance when selecting what classes to sign up for each semester.
- I would like to plan for graduation and know where I stand each semester.
- I sometimes feel as if I do not know about drop dates, registration dates, where/when to get books, how to read course schedules and/or understanding the college catalog.

**Personal Needs (PN)**

- I feel like I need support from individuals here at college to help me stay motivated.
- I am often overwhelmed by how difficult it is to be a college student in my situation.
- I find it difficult to make decisions, express how I am feeling, and/or be self-confident.

**Financial Planning (FP)**

- I have questions about the process of applying for financial aid and scholarships.
- I am concerned that I will not be able to afford college for financial reasons.
- I often find myself worrying about money (Where is my money coming from? How am I going to pay for this?)
- I would like help in budgeting my money and planning for my financial future.

## NEEDS ASSESSMENT – Continued

### Cultural Events (CE)

- I enjoy getting to know other students while on campus.
- I would like to be exposed to activities that broaden my perspective.
- I hope to find time to join in activities organized by the SSS program.
- I like to attend or would like to attend plays, musicals, sporting events, poetry readings, listen to lecturers, and/or visit nearby cities.

### Study Skills (SS)

- I am uncomfortable going to my instructor when I have questions.
- I have trouble picking out the important aspects of the readings.
- I have a difficult time getting motivated to study.
- While studying, it seems I overlook the information that appears on the exam.
- I wait until the last minute to study for a test.
- I get nervous before/during an exam.
- I am not sure how to study/prepare for tests, or I study the wrong information.
- I have difficulty finding time to fulfill all of my responsibilities (i.e. home, work, school).
- I do not take good notes, or I write down the wrong things.

### Workshops/Study Groups/Tutoring (WT)

- I enjoy learning all I can about various subjects (how to prepare for tests, stress management, prioritizing, writing essays, etc.)
- I would benefit from participating in workshops provided by SSS.
- I prefer to study in groups rather than alone.
- I seem to get more knowledge out of a course if I get to know my fellow classmates.
- I am interested in receiving tutoring services to get help in my classes.
- I have time and would enjoy tutoring others in a subject I excel in.
- I would enjoy being a mentor for the SSS program and help fellow students succeed.
- I would benefit from having a SSS mentor help me achieve success in my studies.

### I am interested in attending Workshops on:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Building Self-Esteem | <input type="checkbox"/> Interviewing Skills | <input type="checkbox"/> Successful Living               |
| <input type="checkbox"/> Career Planning      | <input type="checkbox"/> Multiculturalism    | <input type="checkbox"/> Test Taking Skills              |
| <input type="checkbox"/> Effective Job Search | <input type="checkbox"/> Resume Writing      | <input type="checkbox"/> Time Management                 |
| <input type="checkbox"/> Financial Aid        | <input type="checkbox"/> Stress Management   | <input type="checkbox"/> Understanding Personality Types |
| <input type="checkbox"/> Financial Planning   | <input type="checkbox"/> Study Skills        | <input type="checkbox"/> Writing Skills                  |

What day(s) and time(s) would be best for you to attend a workshop? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Providing Hope  
& Opportunity*



**WALLACE COMMUNITY COLLEGE  
PARENT PERMISSION FORM AND HOLD HARMLESS AGREEMENT**

**Student's Program: TRiO Student Support Services**

Student's Name: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Parent(s) or Legally Appointed Guardian(s): \_\_\_\_\_

**For purposes of this agreement, the student named above will hereafter be referred to as the student.**

The undersigned student and the undersigned parent(s) or legal guardian(s) of the student grant permission for the student to participate in the Wallace Community College TRiO Student Support Services Program. We understand and agree that:

- The student's participation in the program is strictly voluntary. The student is under no duress or undue influence by any representative of Wallace Community College to participate.
- There may be supervised trips and we give permission for the student to participant in such trips.
- As a component of this program, the student may be required to operate instructional equipment. We understand that it is the responsibility of the student to adhere to all associated program safety guidelines.

In the event of illness or injury while participating in a program at Wallace Community College, we grant the College permission to seek appropriate medical attention for the student. By granting permission we understand the following:

- Seeking medical attention may require but not be limited to transporting the student to a nearby medical facility.
- Wallace Community College does not provide insurance to cover students in the event of illness, injuries or the need for medical attention.
- We (I) will be personally responsible for costs associated with any medical services deemed necessary as a result of illness or injury.
- Wallace Community College will not be responsible for costs associated with any medical services that may be needed in relation to any such illness or injury.

We further understand and agree that Wallace Community College shall not be responsible for any liability arising from or related to any illness or injury, including death, or any loss of property that may be sustained by the student as a result of, or in relation to the student's educational training. The student and parent(s) or legally appointed guardian(s) hereby agree to release and hold harmless Wallace Community College, the Alabama Department of Postsecondary Education, the State of Alabama Board of Education, and their respective officials, employees, agents, and representatives from any claim, grievance, action, damages, or liability relating to any damage to or loss of property or relating to any injury, including death, that the student might incur or suffer during the course of the educational training or from the student's participation in any activity that is conducted as a part of the educational program, except to the extent that any such damage, loss, or injury shall be incurred or suffered by the participant as a result of the intentional infliction of such damage, loss, or injury by an official or employee of Wallace Community College.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**TRiO Student Support Services (SSS)  
Participant Application**

**NOTE:** Program participants must meet certain requirements set forth by the Department of Education. The following information will be used to determine your eligibility. All information will be held in confidence by the project staff. **PLEASE COMPLETE ALL INFORMATION REQUESTED. (Incomplete applications will not be considered.) PLEASE PRINT!**

**PERSONAL DATA**

Are you a U.S. citizen (or a permanent resident alien – Alien Reg. # \_\_\_\_\_)?  Yes  No

Name \_\_\_\_\_ Gender:  Male  Female  
(Last) (First) (MI)

Mailing Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip Code)

WCC Email address: \_\_\_\_\_  
(We will be using this e-mail to notify you of upcoming events and workshops in the program.)

Other Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status:  Single  Married  Divorced/Separated  Widowed

Primary Language:  English  Other \_\_\_\_\_

Ethnicity: Hispanic  Yes  No

Race:  African-American/Black  Asian  Hawaiian/Pacific Islander  
 Hispanic or Latino  Native American/Alaskan Native  White  
 Other (specify) \_\_\_\_\_

Hispanic/Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

**FAMILY INFORMATION AND VERIFICATION**

*All information shared with the Wallace Community College TRiO Student Support Services Program is strictly confidential and is used solely for determining student eligibility for program participation.*

Enter the information pertaining to the adult(s) with whom the student resides (i.e. parent, stepparent, guardian, other relative). Documentation of parental educational background is required for a student to be considered for participation in the TRiO Student Support Services Program. Complete even if you no longer reside with your parents.

**Father's Name** \_\_\_\_\_  
(Last) (First) (MI)

Educational Completion (Please Check)  Grades 1 - 8  9  10  11  12

Does your father currently hold a Bachelor's degree?  Yes  No

If yes, from what collegiate institution did he earn his degree? \_\_\_\_\_

Is this individual your birth father?  Yes  No

If not, please indicate relationship:  Stepfather  Grandfather  Uncle  Other \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
(Last) (First) (MI)

Educational Completion (Please Check)  Grades 1 - 8  9  10  11  12

Does your mother currently hold a Bachelor's degree?  Yes  No

If yes, from what collegiate institution did she earn her degree? \_\_\_\_\_

Is this individual your birth mother?  Yes  No

If not, please indicate relationship:  Stepmother  Grandmother  Aunt  Other \_\_\_\_\_

**ACADEMIC NEEDS**

Do you meet at least one of the academic needs listed below? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Low high school grades (GPA below 2.0)     | <input type="checkbox"/> College GPA 2.5 or below                             |
| <input type="checkbox"/> SAT/ACT scores below 20                    | <input type="checkbox"/> Failing grades                                       |
| <input type="checkbox"/> Low admission scores (COMPASS)             | <input type="checkbox"/> Out of school/college 5 years or more                |
| <input type="checkbox"/> Enrolled in MTH 080, 090, 091, 092, or 098 | <input type="checkbox"/> Limited English Proficiency                          |
| <input type="checkbox"/> Enrolled in ENG 080, 092, or 093           | <input type="checkbox"/> Lack of educational and/or career goals              |
| <input type="checkbox"/> Enrolled in RDG 080, 83, or 084            | <input type="checkbox"/> Lack of academic preparedness for college level work |
| <input type="checkbox"/> GED  | <input type="checkbox"/> Conditionally Admitted to WCC                        |

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### DISABILITY INFORMATION

Do you have any documented physical and/or learning disabilities?  Yes  No

Have you been accepted as a student with a disability by the ADA Compliance Officer?  Yes  No

If not, contact the appropriate ADA Compliance Officer:

Wallace Campus, Dr. Ryan Spry, 334-556-2587 Sparks Campus, Earl Bynum, 334-687-3543, Ext. 4270

### EDUCATIONAL INFORMATION

High School Name: \_\_\_\_\_ City & State \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_ High School GPA: \_\_\_\_\_

GED, Year Received \_\_\_\_\_ City & State where GED was attained: \_\_\_\_\_

What assessment(s)?  ACT  SAT  COMPASS

Are you a college graduate?  Yes  No

Have you earned any college credits?  Yes  No How many credits? \_\_\_\_\_ What is your GPA? \_\_\_\_\_

What is your Major (Program of Study) at WCC? \_\_\_\_\_ Degree:  AAS  AA  AS  Certificate

Academic Classification:  Freshman  Sophomore  First Time Student  Returning Student

Are you currently enrolled at WCC:  Full-Time  Part-Time  ¾ Time  ½ Time  Less than ½ Time

Target completion date at WCC? \_\_\_\_\_ Do your goals include transferring to a 4-year college?  Yes  No

If you plan to transfer to a 4-year college, when? \_\_\_\_\_ Name of college \_\_\_\_\_

Have you been part of a TRIO program?  No  Yes Where? \_\_\_\_\_

Which program (check all that apply)?  Talent Search  Upward Bound  Student Support Services

### INCOME DOCUMENTATION

**Note: Documentation of family income is required in order for a student to be considered for participation in TRiO Student Support Services. Please attach a copy of your most recent Federal Tax Return.**

#### Section A — Family Size

How many people live in your household (include children away in school)? \_\_\_\_\_

#### Section B — Taxable Income

Do you or will you receive the Federal Pell Grant or other Title IV funds (WIA, TRA, TAA, AOP)?  Yes  No

**Please provide a copy of your most current Federal Tax Return**

#### Section C—Untaxed Income

If you did not file a tax return or if you received any untaxed benefits, please list the amount shown on your **current End of Year Statements** for all members of the family. Please provide documentation of any untaxed benefits such as SSA1099 form for Social Security Benefits.

\$ \_\_\_\_\_ Child Support Received \$ \_\_\_\_\_ Worker's Compensation

\$ \_\_\_\_\_ Welfare Benefits (Do not include food stamps.) \$ \_\_\_\_\_ Social Security Benefits (not taxed)

\$ \_\_\_\_\_ Veteran's Benefits \$ \_\_\_\_\_ Other untaxed income and benefits

### THIS SECTION FOR SSS STAFF ONLY

(Check the applicant's family size and income option that best describes their situation.)

#### FAMILY INCOME

1 in family with taxable income less than \$18,735

5 in family with taxable income less than \$45,255

2 in family with taxable income less than \$25,365

6 in family with taxable income less than \$51,885

3 in family with taxable income less than \$31,995

7 in family with taxable income less than \$58,515

4 in family with taxable income less than \$38,625

8 in family with taxable income less than \$65,145

For families with more than 8 members, add \$6,630 for each additional member

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**PROGRAM PARTICIPATION REQUIREMENTS**

**Initial**

- Participant agrees to strive for 100% class attendance and 100% class completion. \_\_\_\_\_
- Participant agrees to maintain at least a 2.00 (C) GPA. \_\_\_\_\_
- Participant agrees to contact TRiO SSS staff prior to withdrawal from college. \_\_\_\_\_
- Participant agrees to attend tutoring sessions as scheduled or notify us of your absence (in advance, if possible). \_\_\_\_\_
- Participant agrees to attend mid-term evaluation sessions. \_\_\_\_\_
- Participant agrees to participate in at least one (1) cultural enrichment event per semester. \_\_\_\_\_
- Participant agrees to complete three (3) academic enrichment workshops. \_\_\_\_\_
- Participant agrees to attend at least one four-year college/university campus visit. \_\_\_\_\_

**PARTICIPATION AGREEMENT & RELEASE OF INFORMATION**

**Initial**

As a participant in the Wallace Community College TRiO Student Support Services (SSS) Program, I am committed to my education. To gain the full benefits of the SSS program, I will make a commitment to my academic goals and the assistance provided. I understand and will strive for 100% CLASS ATTENDANCE, 100% CLASS COMPLETION and A MINIMUM GRADE POINT AVERAGE OF 2.0. I also understand the SSS staff will review data from my application and interview to assist in assessing my academic and career planning needs. Therefore, all information used will be kept strictly at the highest level of confidentiality. I give the SSS staff permission to inquire about my class attendance, class work, tutoring sessions, and class progress, and I give my instructors permission to release such information to SSS staff when requested. The SSS staff will assist me in achieving my academic goals only if I uphold my responsibilities in accordance with the Needs Assessment Form. Should I not meet the requirements and fulfill my academic goals, it may result in serious consequences regarding my continuation as a participant in the SSS program. \_\_\_\_\_

I authorize TRiO SSS to gather information concerning all my academic progress (standardized test scores, grade point average, earned credit, transcripts, tutoring, etc.) and financial aid status prior to my participation in SSS. I understand that this information is used to help determine my eligibility for SSS and kept strictly confidential. I grant permission for SSS to gather information for follow up whenever appropriate, including, but not limited to, transfer and progress to 4-year institutions. I am aware that my eligibility and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported. \_\_\_\_\_

I hereby authorize the use of my photographic image in any and all publications, such as the monthly newsletter, newspaper articles and campus-wide e-mail notices. I authorize WCC staff to use my name, photo or information about me in promotion of the college through radio, television or other printed materials. I understand that my picture could come from a digital image such as my file or from photos taken on various field trips and social events. \_\_\_\_\_

I grant permission for WCC staff to review and copy any information maintained as part of my school records including admission, grades, Federal Tax forms, financial aid, disabilities, and any other information pertinent to my status in the College or the SSS program. I am aware that personal information provided to TRiO Student Support Services will be protected under the Federal Education Rights Privacy Act (FERPA) of 1974. No one will have access to the information unless they work with or for SSS, or are specifically authorized by me to see the information. \_\_\_\_\_

**Signature**

**Date**

Student: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**By signing above, I attest the information contained in this document to be true and accurate to the best of my knowledge.**

**TRiO SSS APPLICANT ELIGIBILITY CRITERION (THIS SECTION FOR SSS STAFF ONLY)**

Institution Entry Date: \_\_\_\_\_

Program Entry GPA: \_\_\_\_\_

**ELGIBILITY**

- Low Income & 1st Generation
- Low Income Only
- First Generation Only
- Disabled
- Disabled and Low Income

**ACADEMIC NEEDS**

- Low High School Grades
- Predictive Indicators
- Lack of educational/career goals
- Failing grades
- Lack of academic preparedness for college courses
- Need academic support to raise grades
- Limited English proficiency
- Low admission test scores
- Out of School > 5yrs
- Academic proficient tests
- Other
- High school equivalency

\_\_\_\_\_  
TRiO SSS Staff

\_\_\_\_\_  
Date

This applicant is declared:  Eligible  Ineligible as a TRiO Student Support Services Participant.

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

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