

 $\begin{tabular}{ll} \textbf{TRiO Student Support Services} \\ \textbf{Wellness Center 2}^{nd} & \textbf{Floor} \sim \textbf{Arkansas Northeastern College} \sim \textbf{Blytheville, AR} & \textbf{72315} \\ \textbf{(870) 762-1020 ext. 1148} \sim \textbf{Fax: (870) 780-6115} \sim \textbf{http://www.anc.edu/sss/index.htm} \\ \end{tabular}$



PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

GENERAL INFORMATION

LAST NAME:			FIRST NAME, MIDDLE INITIAL:			
MAILING ADDRESS:		<u> </u>	APARTMENT #			
CITY:	STATE:	ZIP:	EMAIL:			
PHONE NUMBERS: (HOME) - - (CELL OR OT - -	CHER)	SOCIAL SEC				
	Hispanic or Lat Asian White					
BACKGROUND INFORM A High School Graduate?	No High S ☐ Yes ☐ No	School GPA _				
If So, What degree are you seeking? Do either of your parents have a degree Do you need information regarding serv Have you ever participated in any of the Educational Talent Search Program Are you receiving Financial Aid? If so, what kind of financial aid are you If not, have you applied for financial aid	from a 4-year in rices for a document of the following education Upward Yes No receiving? (Characteristics)	nstitution? mented disabi cational progr l Bound neck all that ap	rams? (Check all that apply) Educational Opportunity Center	Other		
How many people are living in your how Do your parents claim you as a depended Please check below indicating your range \$18,090 OR BELOW \$18,091-\$24,360 \$24,361-\$30,630	ent on their incoge of taxable incoge \$30	ome tax?	\$55,711-\$61,980			

I CERTIFY THAT THE ABOVE FINANCIAL INFORMATION IS TRUE

Signature

SELF ASSESSMENT - NEEDS/INTERESTS

		Check all that appl	y to your needs and	interest.			
	☐ Academic Advising		ounseling	☐ Personal Co	☐ Personal Counseling		
	☐ Peer Mentoring	Financial	Aid Counseling	☐ Transfer Co	☐ Transfer Counseling		
	☐ Cultural Events	☐ Campus V	Visits	☐ Tutoring	☐ Tutoring		
I		am interested i	n the Student Sunr	oort Services Project	in order to achieve my		
	al/vocational goals. I agree						
	net. I have read the foregoi						
	herein is accurate. I give po						
scores, fine	ancial aid information (incl	uding income), and	l other academic in	nformation needed to	provide assistance.		
STUDENT SIGNATURE DATE							
Provide t	HE NAME OF A PERSON THE	PROGRAM COLIL D	CONTACT TO ORTA	AIN INFORMATION ARC	OUT YOU IF YOU I FAVE		
	RAM OR THE COLLEGE:	TROOK IN COULD	control to obtain	arvira orani i i orani	JOI TOO II TOO LEAVE		
		P	HONE NUMBER				
Address							
*****	**********	***********	:**********	*******	*******		
		OFFIC	E USE ONLY	•			
STUDENT	IS ELIGIBLE FOR PARTICIPA	ATION IN THE STIL	DENT SUPPORT S	FRVICES PROGRAMI	RASED ON THE		
	NG CRITERIA:		DENT BUTTONT BI	EKVICES I ROOK IVI	STABLE OIL THE		
		SELECT	TION CRITERIA	L			
(1) 1	FG/LI (2) LI o	only (3) FG only	(4) D only	(5) D/LI		
	on of Disability:		,	` ′	(*) = / ==		
z vsviip vi	<u></u>						
		Aca	demic Need				
	(01) low high school grades	(10	(10) out of the academic pipeline for 5 or more years				
	(02) low admission test scor) other		•		
(05) predictive indicator			(12) limited English proficiency				
(06) diagnostic tests			(13) lack of educational and/or career goals				
(07) low college grades			(14) lack of academic preparedness for college level course work				
(08) high school equivalency			(15) need for academic support to raise grades(s) in required				
	(09) failing grades		course(s)/academic	e major			
DATE A	ССЕРТЕО						
		Select	ION STATEMENT				
		SELECTI	ON STATEMENT				