



STUDENT SUPPORT SERVICES APPLICATION WALLACE COMMUNITY COLLEGE SELMA

COHORT _____

A# _____

Name _____
First
Last
Middle Initial

Social Security Number _____ / _____ / _____ Date of Birth (MM/DD/Year) _____

Local Address _____
Street
City
Zip Code

Permanent Home Address _____
Street
City
Zip Code

Local Phone _____ Home Phone _____ E-mail address _____

Are you a U.S. Citizen Yes No
 Are you a Veteran? Yes No
 Gender: F M
 Race/ethnicity:
 Asian/Pacific Islander
 African American
 Caucasian
 Hispanic
 Native American/Alaskan
 Other

Major _____
 Classification: Freshman (0-32 hours)
 Sophomore (33-64 hours)
 Do you plan to transfer to a 4-year college/university? Yes No
 If yes, what are your top three choices?
 1) _____ 2) _____ 3) _____

Have you ever been a participant in (check all that apply): Upward Bound Talent Search EOC SSS

Federal Eligibility Information (Parent(s) Education)

Did your mother (or female legal guardian) graduate with a bachelor's degree from a four-year college/university? Yes No

Did your father (or male legal guardian) graduate with a bachelor's degree from a four-year college/university? Yes No

Number in Household _____ Annual Household Income _____

Do you have a disability that is documented through the Office of Disability Services? Yes No

If yes, provide documentation

Financial Aid Information

Are you receiving any type of financial aid? Yes No
 If no, have you applied for financial aid? Yes No
 If yes, what type: Pell Grant ASAP SEOG Work Study Scholarship
 Have you been advised of all financial programs on campus? Yes No
 Is the aid that you are currently receiving sufficient to meet your financial need at this time? Yes No

Academic Eligibility Information

ACT below 19 (English) Accuplacer 0-39 Math Accuplacer 40-59 Math
 Accuplacer 0-2 English Accuplacer 3-4 English Accuplacer 5-6 English College GPA less than 2.5
 Out of academics for 5 years Placement in Transitional Studies Failing grades in one or more courses
 Enrollment in highly demanding and stressful courses of study Requested tutoring

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Eligibility Type (Field 15) Low Income & First Gen. Low Income only First Gen. Only Disabled Disabled & Low Income
 Academic Need (Field 16) _____ First School Enrollment Date (Field 17) _____
 Project Entry Date (Field 18) _____ Participant Status (Field 22): New Cont. Prior Yr. Part.
 College Grade Level at Entry (Field 19) 1st year never attended 1st year attended before 2nd year Sophomore 3rd year Junior 4th year Senior
 Degree/Certificate: Certificate/Diploma for occupational, educational program (less than 2 years)
 Cert/Diploma for occupational technical, or educational program (at least 2 years) Associate Degree (2 years)

Counselor Code _____ Director's Signature _____ Date _____

STUDENT SUPPORT SERVICES
INCOME VERIFICATION FORM
(CONFIDENTIAL)

I certify that the income circled below is a true statement of my/parent's taxable income for 2019.

2020 Low Income Levels (Effective as of January 15, 2020), until further notice.

Please circle the appropriate family size and income:

<u>Size of Family Unit</u>	<u>Income</u>
1	\$ 0 - \$12,760
2	\$12,761 - \$17,240
3	\$17,241 - \$21,720
4	\$21,721 - \$26,200
5	\$26,201 - \$30,680
6	\$30,681 - \$35,160
7	\$35,161 - \$39,640
8	\$39,641 - \$44,120

Student's Signature: _____
(If student is under the age of 24 and not classified as an independent student parent must sign application).

Parent's Signature _____

For family units with more than eight members, add the following amount for each additional family member: \$4,480 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$5,600 for Alaska; and \$5,150 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U. S. Department of Health and Human Services in the Federal Register, on January 17, 2020.

It is the official policy of the Alabama State Department of Education, including postsecondary institution under the control of the State Board of Education, that no person in Alabama shall, on the grounds of race, color, handicap, sex, religion, marital status, creed national origin, or age, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

Ms. JaNett Agnew, of Wallace Community College Selma, is designated as the A.D.A. Coordinator to contact regarding any complaints under the above named Acts. Interested persons can obtain needed information from Ms. Agnew's office (334-876-9393) as to the existence and location of federally assisted services, activities, and facilities that are accessible to and usable by disabled persons. Materials and equipment necessary to provide services to physically disabled persons are provided on a case-by-case basis.