



STUDENT SUPPORT SERVICES
Student Application



Student Name (please print clearly): Social Security Number
Last First MI Nickname

Home Address: Local Address:
Number, Street /PO Box Residence Hall Room # PSC Box #

City State Zip Off Campus Address
( ) ( )

Home Phone Cell Phone Local Phone
E-mail Address (Most frequently used) :

Citizenship Date of Birth Gender (optional) Ethnicity (optional)
U.S. Citizen Permanent Resident Male Female African American/ Black American Indian / Alaskan Native Asian Other:
Caucasian / White Hispanic or Latina/o

Educational Information
Date (month/year) first enrolled at PSC:
Current Class Level at PSC:
Are you a Transfer Student? Yes / No If yes, College(s) Previously Attended:
High School Attended: H.S. Diploma / G.E.D. (date): H.S. GPA / Average:

Program Eligibility
Did either of your parents complete a 4-year college degree?
Do you have a documented disability?
Has documentation of your disability been filed with the Center for Accommodative Services at PSC?
Have you applied for Financial Aid?

Academic Goals/Career Plans
Educational Goals:
What major are you planning to study?

STATEMENT OF AGREEMENT AND CONSENT
I affirm that the information provided by me on this application is, to the best of my knowledge, true and correct. Furthermore, I understand that by applying for this program, I authorize TRiO - SSS to confer with PSC faculty and staff and gather necessary information in order to provide me with the services that I have requested and to make reports to the U.S. Department of Education for the re-funding of this program. I understand that the information will be kept confidential and will be used for the following specified purposes: a) student demographic data and recordkeeping, b) program evaluation, c) needs assessment, d) federal reporting, e) other administrative purposes.
Signature of Student Date / / 2016

For Office Use Only LI Determination 2016 levels (2015 income)
ELIG: 1 2 3 4 5 AGI-[4000 X (# exemptions)] - (a,b,c, or d) = TI
a (married filed separately) b (single) c (head of household) d (married filed jointly/widower)
6300 6300 9250 12600 Cohort Year 2016



**STUDENT SUPPORT SERVICES  
Student Profile Sheet  
INTAKE ASSESSMENT**



**\*\* THIS PAGE FOR OFFICE USE ONLY \*\***

<b>Transitional:</b> <input type="checkbox"/> <b>Accuplacer:</b> Dev Math <input type="checkbox"/> <b>MBTI</b> _____ <b>PERMA:</b> Pre: <input type="checkbox"/> Post: <input type="checkbox"/> _____ <b>CSI Rec:</b> _____ _____	<b>Academic Need</b> 01 – Low HS grades                      10 – Out of acad pipeline 5 + yrs 02 – Low admission test score      11 - Other 05 – Predictive indicator              12 – Limited English prof. 06 – Acad proficient tests            13 - Lack of educ./career goals 07 – Low college grades              14 – Lack of prep for college 08 – HS equivalency                    15 – Need acad support to raise 09 – Failing grades                      grade(s) in course(s)/major
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Grants	Scholarships	Loans/Miscellaneous
Pell _____	President's _____	Direct Sub _____
NYS TAP _____	Provost's _____	Perkins _____
SEOG _____	Dean's _____	Parent Plus _____
ACG _____	Faculty _____	Alternative _____
ACCESS-VR _____	Transfer _____	Fed Work Study _____
VSAC _____	Endowment _____	Unsub _____
PSC _____	Other _____	Other _____

Positive Emotion/how are you feeling overall?

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Engagement - passions/pursuits/goals?

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Relationships - significant persons?

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Meaning - life purpose/philosophy/long-term plans?

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Accomplishments - past/future goals/self-discipline/work ethic?

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Character Strengths/wellness practices - exercise/kindness/gratitude?

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Concerns/Questions?

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**Notes:** \_\_\_\_\_

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