



Student Support Services

Application Instructions

About us

Student Support Services (SSS) is a federally funded program through the Department of Education in Washington, DC. College of the Mainland received a \$253,265 grant to provide services for degree-seeking students who meet at least one of the following eligibility criteria:

- First-generation students (neither parent has a Bachelor's degree)
- Low income students and Pell Grant recipients
- Students with documented disability

Our Mission

The focus of SSS is to empower students to reach their academic and personal goals by staying enrolled in and graduating from a college/university. SSS supports the success of its students through student learning, development and educational experiences.

To apply for SSS please submit the following to Shalice Mickens – located in Suite 212 of the Student Center

- Complete application.
- Copy of your FAFSA confirmation page
- Copy of your and tax information. This information is used only to verify income. If you are under the age of 24, you must provide a copy of your parent(s) income form. The document will either be returned to you or securely shredded. (Please verify on your application which you would prefer.)
- **All information must be correct and legible** for the processing of your application. Please make sure your contact information is accurate so that we may contact you to schedule an appointment if you are accepted.

For questions please contact

Shalice Mickens
Administrative Assistant
Student Center – Suite 212
409-933-8525

Robert Arenas
Advisor
Student Center – Suite 212
409-933-8507

Tamara Hoodye
Director
Student Center – Suite 212
409-933-8523

Frank Huerta
Professional Mentor/Tutor
Student Center – Office 215
409-933-8290



**Student Support Services
Application**

Staff Use Only

Student ID: _____

Tax Information Preference:

☐ Securely Shred ☐ Return

This form allows the SSS program to verify your eligibility for the program and to better serve you. Please provide **all** the information requested and print legibly – no cursive.

Personal Information

D.O.B.: _____ SS#: _____ Student ID Number: _____

Name: _____
Last First Middle

Address: _____ Cell Phone Number: _____

City: _____ Zip: _____ Emergency Contact: _____

Gender: ☐ Male ☐ Female E-mail: _____

US Citizen: ☐ Yes ☐ No Maiden Name: _____

Veteran: ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Ethnic Groups: ☐ Caucasian ☐ Hispanic/Latino ☐ Black/African American ☐ Asian
☐ American Indian/Alaskan Native ☐ Other

Academic Assessment

Total number of college credit earned prior to this semester: _____

Numbers of hour(s) you are currently enrolled in: _____

Major: _____ Minor: _____

Current College GPA: _____

Do you plan to earn a Bachelor's Degree? ☐ Yes ☐ No ☐ Undecided

If you checked "undecided", please state why: _____

Hours dedicated to studying per day: _____

Projected date of graduation: _____

School attendance: ☐ Full-time ☐ Part-time

Has it been more than five years since you have been in school? ☐ Yes ☐ No

Work status: ☐ Full-time ☐ Part-time ☐ Unemployed

Check the SSS services that interest you

☐ Academic Counseling/Advisement ☐ Tutoring ☐ Cultural Activities
☐ Assistance with Financial Aid Forms ☐ Personal Counseling ☐ Transfer Planning
☐ Career Testing and Occupation Information ☐ Study Skills Training ☐ Student Success Workshops

What challenges might keep you from completing your degree? (Family, grades, social life, money, self-motivation, career decision, other – please explain) _____

How did you hear about us? _____ Have you ever participated in a TRiO Program? ☐ Yes ☐ No

Eligibility Information

Do you have any of the following impairments, disabilities, or other conditions that may require services or accommodations in order for you to be successful? (Select all that apply)

- ☐ None ☐ Learning Disability (e.g., dyslexia, Aphasia) ☐ Blind
☐ Deaf ☐ Speech Impairment ☐ Orthopedically Impairment ☐ Visual Impairment
☐ Other _____

Is English your native language? ☐ Yes ☐ No

Do you have difficulty speaking or understanding English? ☐ Yes ☐ No

Have either of your parent(s) or guardian(s) received a bachelor's degree? ☐ Yes ☐ No

Are you: ☐ A homeless youth ☐ In, or aging out of, foster care ☐ Neither

Financial Information

How would you like your tax information discarded after use? ☐ Securely shredded ☐ Returned

How many individuals reside in your household? _____

Do you have children who receive more than half of their support from you? ☐ Yes ☐ No

(If no and you are under age 25, please have your parents complete and sign the parent income verification from)

Have you completed your FAFSA for this year? _____

(Please attach a copy of your confirmation page to this application)

What is your taxable income? \$ _____

(On your tax return, see 1040A—line 27 or 1040EZ—line6, 1040—line43)

Are you a Pell Grant recipient? ☐ Yes ☐ No

Do you receive any other grants/scholarships from COM? If so, please list. _____

I certify that all of the above information is correct, and I give permission to release appropriate documentation regarding my enrollment, disability status and information provided by the Financial Aid Office to Student Support Services. I give Student Support Services permission to discuss with my instructor my grades, classroom skills and difficulties in order to arrange appropriate tutoring and student support. Student Support Services has my permission to use my name, pictures and birth date in related media releases.

Student Signature

Date

Advisor

Date

Staff Use Only

Cohort Year: _____

Institutional Entry Date: _____

Missing Information:

- ☐ Income Verification ☐ PSPR ☐ Financial Aid Verification
☐ IALP ☐ Contract

Director's Use Only

Academic Needs:

- ☐ Low high school grades ☐ Predictive Indicator ☐ High School equivalency
☐ Diagnostic test (5+years) ☐ Low college grades ☐ Failing Grades
☐ Limited English proficiency ☐ Low admission test scores ☐ Out of academic pipeline
☐ Lack of educational and/or career goal
☐ Lack of academic preparedness for college level course ☐ Lack of academic support to raise grades in req. course

Accepted: ☐ Reason: Eligible under grant guidelines and #'s (☐ First generation ☐ Low income ☐ Disabled)

Rejected: ☐ Reason: Not Eligible under grant guidelines

Signed: _____

Date: _____



**Student Support Services
Income Verification Form**

(This document is required only if the applicant is under the age of 25.)

Students under the age of 25 are considered dependents, and parent's/guardian's signature is required to determine low-income eligibility.

I, _____, _____ as the
(Guardian's full name) (Guardian's Social Security Number)

parent/guardian of _____ an applicant for the Student
(Student's name)

Support Services program on the COM campus, do hereby verify (to the best of my

knowledge) that my taxable income for the year _____ was \$_____.

Size of family unit: # _____

Student's Age: _____

Is the student in, or aging out of, foster care? ☐ Yes ☐ No

(If yes, you must provide documentation from the caseworker.)

Guardian's Signature

SSS Staff/Witness

Date