

PROGRAM
YEAR _____

**PROGRAM APPLICATION
Student Support Services**



**Delaware Technical & Community College - Terry Campus
Terry Building - Room 221
100 Campus Drive, Dover, DE 19904
(302) 857-1030**

Date: _____

Social Security Number: _____ / _____ / _____ Student ID #: _____ / _____ / _____

First Name Initial Last Name

Street Address

City County State Zip

(_____) (_____) (_____) _____
Cell Phone Home Phone Work Phone

E-mail address (PLEASE PRINT and WRITE LEGIBLY!!!)

PERSONAL DATA:

Because Student Support Services is a federally funded program, the following personal data questions are asked for statistical purposes. None of this information will be used for determining your eligibility to participate in this program.

Date of Birth: _____ Place of Birth: _____

Gender: M F U.S. Citizen: Yes No Veteran: Yes No

Race/Ethnic Origin: Black/African American Hawaiian/Pacific Islander Hispanic/Latino

Native American/Alaskan Native White

Marital Status (circle one): Single Married Separated Divorced Widowed

Do you experience a disability? Yes No

Faculty Advisor: _____

Technology (Program of Study): _____

Have you applied for financial aid to attend Delaware Tech? Yes No

If aid was awarded, what kind(s)? _____

How much? _____

ELIGIBILITY DATA:

Please complete the following:

1. Are you, or will you be, enrolled in any basic or pre-tech courses? Yes No
2. Please circle one of the following:
 - A. Both of my parents received a 4 year degree
 - B. One of my parents received a 4 year degree
 - C. Neither of my parents received a 4 year degree
3. With whom do you live? (Circle One)

A. Both parents B. Mother C. Father D. Neither Mother nor Father E. Other
4. Family size (including yourself and your spouse). (Circle One)

A. 1 (yourself only); B. 2 C. 3 D. 4 E. 5 F. 6

G. More than 6, specify _____
5. What is your Family's Yearly Income? \$ _____ ()
Initial Here
6. Do you or your family receive any type of Public Assistance Yes No
If yes, what type of assistance do you receive? _____
7. Are you actively involved with any social/vocational service agencies? Yes No
If yes, who is your counselor? _____

CERTIFICATION AND WAIVER:

I declare and certify that the information given on this form, to the best of my knowledge, is true, correct and complete; and I will provide, if requested, any documentation needed for verification. I also hereby give Student Support Services permission to:

1. Obtain the following credentials from my records at Delaware Technical and Community College - Terry Campus:
 - * High School Transcript;
 - * Placement Test Scores and Academic Transcripts;
 - * Mid-Term and Final Grade Reports;
 - * Financial Aid Award Information and other financial statements as needed;
 - * Any scores, reports, appraisals and evaluations deemed necessary for completion of reports required by the Department of Education;
 - * Any disability documentation upon self-disclosure (including individual, psychological, and/or educational).
2. Provide faculty with any pertinent information to facilitate my academic success.

STUDENT'S SIGNATURE DATE

*PARENT/GUARDIAN DATE

*If student is under 18 years.