

STUDENT SUPPORT SERVICES

DAKOTA COUNTY TECHNICAL COLLEGE

Student Support Services is a college retention program to assist income-eligible, first-generation college students (neither parent has a four-year college degree), and students with disabilities to develop the skills and motivation necessary to successfully complete a 4-year college education.

Student Support Services serves 160 college students.

Student Support Services supports students' academic and personal development.

Student Support Services assists with course selection and degree options.

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STUDENT SUPPORT SERVICES

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“What *is* Student Support Services?”

Student Support Services is a college retention program

Student Support Services helps income eligible, students with disabilities, and first-generation college students (neither parent has a four-year college degree), to develop the skills and motivation necessary to successfully complete a 4-year college education

Student Support Services at DCTC serves 160 college students

Student Support Services Program supports students' academic and personal development

Student Support Services assists with course selection and degree options

“What *are* Student Support Services?”

The program provides opportunities for academic development, assists students with basic college requirements, and serves to motivate students toward the successful completion of their postsecondary education.

The goal of SSS is to increase the college retention and graduation rates of its participants and help students make the transition from one level of higher education to the next.

Services include but not limited to:

- * **instruction in basic study skills**
- * **tutorial services**
- * **academic, financial, or personal counseling**
- * **assistance in securing admission and financial aid for enrollment in four-year institutions**
- * **guidance on career options**
- * **mentoring and special services for students with limited English proficiency (LEP)**
- * **and college scholarship applications**

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STUDENT APPLICATION FOR PARTICIPATION

Please print and please answer all sections on this application. Your responses are necessary to determine eligibility for this federally funded program. Because of the personal nature of some of these questions, your responses will be held in the strictest confidence.

NAME: _____ **S.S.#:** _____
LAST FIRST M.I.

ID#: _____

ADDRESS: _____
STREET

CITY STATE ZIP

PHONE: Home _____ Cell _____ **GENDER:** M _____ F _____

E-MAIL: _____ **BIRTHDATE:** _____

PROGRAM ELIGIBILITY CRITERIA

Please check one of the following:

U.S. Citizen() Permanent Resident() A# _____ Other() _____

Please choose one of the following that best represents your ethnicity:

African-American/Black Asian Native Hawaiian/Pacific Islander

Hispanic/Latino Native American/Alaskan Native White/Caucasian

Other (Please specify) _____

Is English your first language? Yes ___ No ___

If no, what is your native language? _____

Do either of your parents have a Bachelor's Degree (a 4-year degree)? Yes ___ No ___

Have you applied for financial aid at DCTC? Yes ___ No ___

Have you received your award? Yes ___ No ___ Pending ___ If no, what is the status? _____

What form(s) of financial aid are you receiving and/or have applied for?

Pell Grant ___ Work Study ___ Scholarship ___ Loan ___ Other _____

Did you (or your parents if you are under 24) file income taxes for the previous year? Yes ___ No ___

If yes, please include a copy of your Federal Income Tax Form

Current family size _____ Do you have dependent(s)? Yes ___ No ___

Please enter the amount of your (or your parents if you are under 24 years of age) taxable income for the preceding year _____

Do you have a documented disability? Yes ___ No ___

If yes, please specify _____

Have you participated in any of these: EOC ___ Talent Search ___ Upward Bound ___ Student Support Services ___ Other: _____

ACADEMIC ADVISING QUESTIONNAIRE

Intended Major (s) _____

What is your current Educational Intent at DCTC?

___ Earn an A.A.S. or A.S. Degree and transfer ___ Complete courses and transfer ___ Earn a Diploma
___ Earn an A.A.S. or A.S. Degree ___ Complete courses but not a Degree ___ Earn a Certificate

Did you receive a High School diploma? Yes ___ No ___ If yes, what year? _____

If you did not receive a high school diploma, have you earned a GED? Yes ___ No ___

What services are you interested in receiving at DCTC? (*Check all that apply*)

___ Peer Mentoring ___ Academic Advising ___ Cultural Events/Activities
___ Career Advising ___ Study Skills Seminars ___ Financial Aid/Scholarship planning
___ Tutoring ___ Personal counseling ___ College Survival Seminars

Are there other areas of support that you may be interested in while at DCTC? (Please list)

Please answer the following questions in a few sentences.

Why did you choose to go to college, and why did you select DCTC in particular?

Why do you want to participate in the TRiO - Student Support Services Program?

How did you learn about this program?

Is there anything else you would like to share with us that may help us assist you in meeting your educational goals?

ACKNOWLEDGEMENTS

Please read each statement below and initial or check that you understand and agree.

- I hereby give my permission for the DCTC TRiO - Student Support Services staff to access my academic and financial aid records for the purpose of verifying my eligibility and supporting me academically as a TRiO-SSS participant and a UCD student. I understand that the TRiO-SSS staff agrees to adhere to all guidelines outlined under the Federal Education Rights and Privacy Act.

- I hereby give my permission for the DCTC TRiO - Student Support Services staff to access my midterm and semester grades electronically for the purpose of supporting me and my academic performance at DCTC. I understand that I will have access to my academic record at any time.

- YES, I WANT TO BE A MEMBER OF THE DCTC TRiO - STUDENT SUPPORT SERVICES PROGRAM.

I certify that all the information provided on this form is true and complete.

STUDENT SIGNATURE _____

DATE _____

FOR STAFF USE ONLY

Student is *enrolled* at institution: Yes ____ No ____

Classification: _____ Freshman _____ Sophomore

_____ # of credits _____ # of credits _____ # of credits

Student is *eligible* for services on the basis of:

__ (1)LI/FG __ (2)FG Only __ (3)LI Only __ (4)D Only __ (5)LI/D

_____ LI Verification Document on file

_____ FG reported on SSS and college applications.

_____ DRS Release of Information Request

Citizenship: _____ US Citizen _____ Permanent Resident _____ Not citizen or permanent resident

Basis of Academic Need:

APR Code: _____

Term *Entered* Program: _____ Cohort Year: _____ Grant Year: _____

Student is *ineligible* for services on the basis of: Income _____ First Generation _____ Academic Need

Other _____

The signing of this form is to certify that all documents have been reviewed and eligibility has been determined.

STAFF SIGNATURE _____ Date _____

Data base entry date _____ Entered

by _____

Print Name and Initial