

Staff: _____
Date received _____
Initials _____

STUDENT SUPPORT SERVICES



We Measure Academic Success One Student at a Time SSS Application

Remember to Attach
Your Tax Forms

1. Date: _____

2. Name: _____ 3. Sex: Male Female
Last First Middle Initial

4. Social Security Number _____ - _____ - _____
Student I.D.# _____

5. Temporary Address	Permanent Address
Street and Number _____	Street and Number _____
_____	_____
City _____	City _____
Zip _____	Zip _____

Which address would you prefer to receive your mail at? _____

6. Phone Number: _____ 2nd Phone Number: _____

7. E-mail Address _____

8. Place of Birth _____ 9. Age _____

10. Date of Birth _____ 11. U.S. Citizen or Permanent Resident: Yes No

12. Marital Status: Single Married Separated Divorced

13. Race: American Indian African American White/Non-Hispanic
 Asian/Pacific Islander Hispanic Other

14. Your Academic Plans are:
 Upgrade Skills 2 Year Degree
 1 Year Certificate Transfer to a Four Year University

15. How Did You Hear About the SSS Program?

OC Students Faculty OC Staff SSS Staff SSS Website Other _____

16. Did either of your parents graduate from a four-year college or university?

Yes No

17. How much longer do you plan to attend Odessa College?

6 Months 1 Year 1 ½ Year Longer

18a. Have you attended other colleges or universities? Yes No

18b. If so, where _____, and how many hours did you earn _____

19. Are you currently receiving financial assistance from any of the following agency (ies)?

AFDC TRC WIA WIC Other _____

20. What is your desired occupation? _____

21. What is your major? _____

22. Are you a GED recipient? Yes No

23. Are you, or were you ever, part of a program called Talent Search, Upward Bound, or Student Support Services?

Yes No

24. Do you have any learning disabilities? Yes No

If so, what? _____

25. Do you have any physical disabilities? Yes No

If so, what? _____

26. Had (Have) you been out of school for more than 5 years before you started attending OC?

Yes No

27. Are you a single parent? Yes No

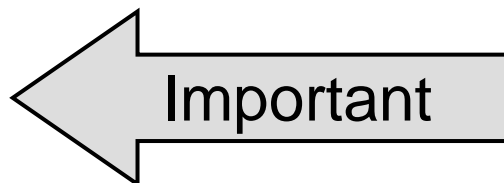
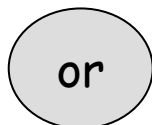
28. How many people, including yourself, are living in your household? _____

29a. Do you work? Yes No

29b. If so, where: _____ **31c. How many hours a week:** _____

The U.S Department of Education requires verification of your income status. **Please attach a copy of the most recent IRS Income Tax Forms for:**

Yourself, if you file as an individual and you are not claimed as a Dependent on someone else's income tax forms.



Your parents (or other guardian), if you are a dependent on someone else's income tax forms.

Student Certification

I certify that I am enrolled or accepted for enrollment at Odessa College. I agree to provide, if requested, any documentation necessary (transcript, financial aid data, etc.) to verify information for participation in the Student Support Services program or permit the Student Support Services staff to obtain necessary data.

Signature _____ Date _____

Please submit the following items to the Student Support Services program:

1. Completed Application
2. A copy of your latest Income Tax Forms.

**Submit this Application at Student Union Building
Office RM# 213 Located on the Campus of
Odessa College, 201 W. University.
If you have any questions, please call us at 335-6476**