



Student Support Services

570 East Leffel Lane
Rhodes Hall 127
Springfield, Ohio 45501-0570
937/328-3855 • Fax 937/328-3853
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ATTENTION CLARK STATE STUDENTS!

The Student Support Services Program is funded by the Federal Department of Education to help students meet the challenges of college life. The major goals are to help students stay in school, graduate, and possibly transfer to a four-year college or university.

Services offered by the program include:

- ◆ Academic, financial, and personal counseling
- ◆ Class selection
- ◆ Mentoring and advising
- ◆ Transfer information, planning and assistance
- ◆ College visits
- ◆ Cultural enrichment
- ◆ Linkage with campus services:
 - Career explanation and planning
 - Financial aid and scholarships
 - Tutoring
 - Bookstore discounts

To be eligible for the program, students must be seeking a degree, have a program-approved academic need, and fall into one or more of the following categories:

- ◆ First-generation college student (neither of the parents has a four-year college degree)
- ◆ Family's taxable income does not exceed federally-determined level
- ◆ Have a documented disability

Every program participant will be asked to sign a contract to the effect that he/she will:

- ◆ Meet twice per quarter with an SSS advisor
- ◆ Consult with an SSS advisor about any difficulties in class
- ◆ Attend cultural/personal growth events each year
- ◆ Collect information about transfer programs and attend transfer fairs and/or visits to four-year institutions

If you desire to be part of this program, complete and sign the attached application and return it to the Student Support Office in **Rhodes Hall, Room 127**. The SSS staff will then review applications for eligibility requirements. Students will be notified as to whether or not they have been accepted into the program. The number of program participants is limited to 160. A waiting list will be maintained for additional students as openings occur.

Please call us at 328-3855 or stop by room **127** if you have questions.

Clark State Community College Student Support Services Application

Personal Information

Name _____ Social Security # _____

Home address _____
Street

City

State

Zip

Home phone (____) _____ E-mail address _____

Message phone (____) _____

Program Eligibility Data

Please check one of the following:

U.S. Citizen

Permanent Resident

Please check one of the following:

African American/Black

Hispanic

Caucasian/White

Native American/Indian

Asian American/Pacific Islander

Other _____

What is your current major at Clark State? _____

How many credit hours have you completed at Clark State? _____

When did you graduate from high school? _____

Do you have a G.E.D. _____

What level of degree do you ultimately plan to complete?

No Degree - Only Selected Classes

Certificate Program

Associate Degree

Transfer Degree (please write name of transfer college) _____

**Please fill out both sides
Return to RH 127**

How long will it take to complete your coursework at Clark State?

- less than 1 year
- 1 year
- 2 years
- 3 years
- More than 3 years

Have you attended another college _____ If yes, please include school name _____

Have either of your parents graduated from a four-year college? Yes _____ No _____

How many people are in your household at the time of this application _____

Have you filed a FAFSA (financial aid form)? Yes _____ No _____

Services Needed

What type of services would you need?

- Career Planning
- Tutoring
- Study Skills
- College Survival Skills
- Other _____

Referred by _____

Release of Information

I want to participate in the Student Support Services Program. I authorize the program Director/representative to access my academic, financial and other records that may be needed for my progress monitoring and for necessary intervention. I further agree to provide, if requested, documentation to support the information stated on this form. I expect this information to be used towards my academic and career goals and also to be kept in confidence in accordance with the Family Educational Rights and Privacy Act.

Student Signature _____ Date _____

Student # _____

FOR SSS USE ONLY

Test Date (1) _____ Reading _____ Writing _____ Math _____ Algebra _____ _____ **Diagnostic Test**
 _____ **GED**
 Test Date (2) _____ Reading _____ Writing _____ Math _____ Algebra _____ _____ **5 more more yrs.**

Student is eligible for SSS participation as: FG LI DIS
 Student is NOT eligible for program participation.