



Florida State College at Jacksonville  
**TRIO STUDENT SUPPORT SERVICES-STEM**  
**NORTH/DOWNTOWN CAMPUS-BUILDING D-316**  
**4501 Capper Road, JACKSONVILLE, FL. 32218**  
**PHONE NUMBER: 904-713-4530**  
**EMAIL: triosss@fscj.edu**



### GENERAL INFORMATION

NAME: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_ SSN# \_\_\_\_\_ DOB: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE# : \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: ☐ MALE ☐ FEMALE

**RACE:** ☐ ASIAN ☐ BLACK or AFRICAN AMERICAN ☐ AMERICAN INDIAN or ALASKA NATIVE ☐ WHITE ☐ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER ☐ HISPANIC or LATINO ☐ OTHER: \_\_\_\_\_

**MARITAL STATUS:** ☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED

**ARE YOU A U.S. CITIZEN?** YES NO IF NO, EXPLAIN VISA STATUS: \_\_\_\_\_

**DID YOU GRADUATE FROM HIGH SCHOOL?** ☐ YES ☐ NO DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**CURRENT COLLEGE RANKING:** ☐ FIRST TIME FRESHMAN ☐ RETURNING FRESHMAN ☐ SOPHOMORE ☐ TRANSFER:

**ENROLLED STEM PROGRAM** \_\_\_\_\_ **CURRENT NUMBER OF CREDIT HOURS?** \_\_\_\_\_

**WHAT ARE YOUR DEGREE PLANS?**

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**Have you earned a Certificate, Associate Degree, Bachelor's Degree, Master's Degree, or Doctoral Degree?** Yes No

### PARENTAL INFORMATION

**WHAT IS THE HIGHEST GRADE YOUR MOTHER COMPLETED?** HIGH SCHOOL ASSOCIATE'S DEGREE BACHELOR'S DEGREE  
OTHER \_\_\_\_\_

**WHAT IS THE HIGHEST DEGREE YOUR FATHER COMPLETED?** HIGH SCHOOL ASSOCIATE'S DEGREE BACHELOR'S DEGREE  
OTHER \_\_\_\_\_

**ARE YOUR PARENTS MARRIED?** YES NO; IF NO, ARE THEY: DIVORCED SEPARATED DECEASED

## ADDITIONAL INFORMATION

DO YOU RECEIVE ANY OF THE FOLLOWING? ☐ VETERAN'S BENEFIT ☐ COLLEGE WORK STUDY ☐ WIOA ☐ PELL GRANT ☐ SEOG  
☐ LOANS ☐ OTHER \_\_\_\_\_

**Please attach 2020 tax information or Most Recent FAFSA.**

Do you have a documented disability for which you are requesting services? ☐ YES ☐ NO

Are you receiving accommodations with the FSCJ Student Support Services (Disability) office? ☐ YES ☐ NO

All information disclosed in this form will be held in confidence. This application should be returned to the Office of Student Support Services in Building D 316-E. If you have any questions, please contact us at **904-713-4530**.

I agree that all information contained in this application is true. I understand that if I enroll in the TRIO Student Support Services Program, I must participate in activities designed to achieve my academic goals and promote cultural growth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Official Entry Date: \_\_\_\_\_

Interview: \_\_\_\_\_

Health Science Program: \_\_\_\_\_

Eligibility Status: ☐ FGLI ☐ FG ☐ LI ☐ LIDISABLED ☐ DISABLED

Transcript Received: \_\_\_\_\_

Income Verified: \_\_\_\_\_

Other: \_\_\_\_\_

Initial Educational Plan:

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# Florida State College at Jacksonville Student Support Services-STEM

## Needs Assessment Survey

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

### Please check any needs that apply to you:

- ☐ Improve General Study Habits
- ☐ Improve Time Management
- ☐ Enhance Memory
- ☐ Improve Memory Skills
- ☐ Increase Reading Speed
- ☐ Increase Grade Point Average
- ☐ Make Career Decisions
- ☐ Reduce Math Anxiety

- ☐ Improve Note Taking Skills
- ☐ Improve Test Taking Skills
- ☐ Improve Writing Skills
- ☐ Improve Vocabulary
- ☐ Increase Reading Comprehension
- ☐ Diagnose Learning Disability
- ☐ Plan College Courses
- ☐ Other: \_\_\_\_\_

### Check any of the following items which describe you:

- ☐ Out of School Too Long
- ☐ Difficulty Finding Child Care
- ☐ Few Computer Skills
- ☐ Difficulty Managing Money
- ☐ May Need Personal Counseling
- ☐ Other: \_\_\_\_\_

- ☐ Afraid of Failing College
- ☐ Afraid I Might Not Fit In At FSCJ
- ☐ Panic During Tests
- ☐ Unsure of College Procedures
- ☐ Little or No Experience on the Internet
- ☐ Difficulty Meeting Deadlines

### What obstacles would most likely prevent you from completing your academic goals?

- ☐ Low self-esteem
- ☐ Family medical problems
- ☐ Test anxiety
- ☐ Take things too seriously
- ☐ Transportation problems
- ☐ Always worrying
- ☐ Afraid to speak up in class
- ☐ Bad grades
- ☐ Poor study habits
- ☐ Other: \_\_\_\_\_

- ☐ Dealing with bills
- ☐ Taking wrong class
- ☐ Alcohol and/or drug problem
- ☐ Too shy
- ☐ Trouble sleeping
- ☐ Feeling depressed or sad
- ☐ Housing problems
- ☐ Poor management skills
- ☐ Recurring health concerns

- ☐ Separation/ divorce
- ☐ Poor writing skills
- ☐ Lack of money
- ☐ No support
- ☐ Poor math skills
- ☐ Easily distracted
- ☐ No close friends
- ☐ Problems at home
- ☐ Lack of self-motivation
- ☐ Always feeling tired

### Check any of the following services that may interest and/or benefit you while attending FSCJ:

#### Advising

- ☐ Academic Advising/Registration Assistance
- ☐ Financial Aid Application Assistance
- ☐ Career Exploration/Advising
- ☐ Individual Support & Monitoring

#### Graduate School Planning

- ☐ Applications
- ☐ Personal Statement
- ☐ Recommendation Letters
- ☐ College Visits

#### Career Counseling

- ☐ Career Assessment Testing
- ☐ Speaking with a Professional in Your Area of Interest
- ☐ Resume Assistance

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## RELEASE OF INFORMATION

I grant permission for the **Registrar's Office** to release a copy or copies of my academic records to the Student Support Services Program. I understand that this form is necessary to establish eligibility for participation in the Student Support Services Program.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

I authorize the **Financial Aid Office** to release any documentation (family income, W-2's, tax info, etc.) to the Student Support Services Program. I understand that this form is necessary to establish eligibility for participation in the Student Support Service Program.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_