



Florida State College at Jacksonville
TRiO STUDENT SUPPORT SERVICES-STEM
NORTH CAMPUS-BUILDING D-316
4501 Capper Rd., JACKSONVILLE, FL.
32218 PHONE NUMBER: (904)713-4530
EMAIL: triosss@fscj.edu



PLEASE ANSWER ALL QUESTIONS COMPLETELY. IF A QUESTION DOES NOT APPLY TO YOU, PLEASE NOTE N/A FOR YOUR RESPONSE. PRINT CLEARLY!

GENERAL INFORMATION

NAME: _____ STUDENT ID# _____ SSN# _____ DOB: _____

PERMANENT ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

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 GRADUTE FROM HIGH SCHOOL? YES NO DATE: _____ SCHOOL: _____

CURRENT COLLEGE RANKING: FIRST TIME FRESHMAN RETURNING FRESHMAN SOPHOMORE JUNIOR TRANSFER:

ENROLLED STEM PROGRAM _____ CURRENT NUMBER OF CREDIT HOURS? _____

WHAT ARE YOUR DEGREE PLANS?

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

MOTHER'S NAME: _____ FATHER'S NAME: _____

PHONE: _____ PHONE: _____

ADDRESS: _____ ADDRESS: _____

EMAIL: _____ EMAIL: _____

ADDITIONAL INFORMATION

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

Please attach 2018 tax information.

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 E Office 150. 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:



Florida State College at Jacksonville Student Support Services-STEM Needs Assessment Survey

Last Name: _____

First Name: _____

Please check any needs that apply to you:

- | | |
|--|--|
| <input type="checkbox"/> Improve General Study Habits
<input type="checkbox"/> Improve Time Management
<input type="checkbox"/> Enhance Memory
<input type="checkbox"/> Improve Memory Skills
<input type="checkbox"/> Increase Reading Speed
<input type="checkbox"/> Increase Grade Point Average
<input type="checkbox"/> Make Career Decisions
<input type="checkbox"/> Reduce Math Anxiety | <input type="checkbox"/> Improve Note Taking Skills
<input type="checkbox"/> Improve Test Taking Skills
<input type="checkbox"/> Improve Writing Skills
<input type="checkbox"/> Improve Vocabulary
<input type="checkbox"/> Increase Reading Comprehension
<input type="checkbox"/> Diagnose Learning Disability
<input type="checkbox"/> Plan College Courses
<input type="checkbox"/> Other: _____ |
|--|--|

Check any of the following items which describe you:

- | | |
|--|---|
| <input type="checkbox"/> Out of School Too Long
<input type="checkbox"/> Difficulty Finding Child Care
<input type="checkbox"/> Few Computer Skills
<input type="checkbox"/> Difficulty Managing Money
<input type="checkbox"/> May Need Personal Counseling
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Afraid of Failing College
<input type="checkbox"/> Afraid I Might Not Fit In At FSCJ
<input type="checkbox"/> Panic During Tests
<input type="checkbox"/> Unsure of College Procedures
<input type="checkbox"/> Little or No Experience on the Internet
<input type="checkbox"/> Difficulty Meeting Deadlines |
|--|---|

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Low self-esteem
<input type="checkbox"/> Family medical problems
<input type="checkbox"/> Test anxiety
<input type="checkbox"/> Take things to seriously
<input type="checkbox"/> Transportation problems
<input type="checkbox"/> Always worrying
<input type="checkbox"/> Afraid to speak up in class
<input type="checkbox"/> Bad grades
<input type="checkbox"/> Poor study habits
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Dealing with bills
<input type="checkbox"/> Taking wrong class
<input type="checkbox"/> Alcohol and/or drug problem
<input type="checkbox"/> Too shy
<input type="checkbox"/> Trouble sleeping
<input type="checkbox"/> Feeling depressed or sad
<input type="checkbox"/> Housing problems
<input type="checkbox"/> Poor management skills
<input type="checkbox"/> Recurring health concerns | <input type="checkbox"/> Separation/ divorce
<input type="checkbox"/> Poor writing skills
<input type="checkbox"/> Lack of money
<input type="checkbox"/> No support
<input type="checkbox"/> Poor math skills
<input type="checkbox"/> Easily distracted
<input type="checkbox"/> No close friends
<input type="checkbox"/> Problems at home
<input type="checkbox"/> Lack of self-motivation
<input type="checkbox"/> 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: _____



S - T - E - M

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: _____

In compliance with Florida State Statute 119.071(5), students should be aware that Florida State College at Jacksonville collects and uses social security numbers (SSNs) if specifically required by law to do so or if necessary for the performance of the College's duties and responsibilities. The College takes appropriate measures to secure SSNs from unauthorized access and does not release SSNs to other parties except as required to fulfill the College's duties and responsibilities. View full list of SSN collection purposes at <https://catalog.fscj.edu/content.php?catoid=31&navoid=3998#ssn>.

Florida State College at Jacksonville does not discriminate against any person on the basis of race, disability, color, ethnicity, national origin, religion, gender, age, sex, sexual orientation/expression, marital status, veteran status, pregnancy or genetic information in its programs, activities and employment. For more information, visit the Equal Access/Equal Opportunity page at <https://www.fscj.edu/discover/humanresources/eo-equity>.