



Project Achieve Student Support Services Application

Instructions: This form is for students enrolled at Joliet Junior College. Please complete items 1-10, sign and date your completed application before you submit it. Application must be filled out in pen.

1. Biographic Information JJC ID# _____ Birth Date _____ Gender: Female
 Male
 Name _____ Local Phone _____
Last First Initial
 Local Address _____ Permanent/Cell Phone _____
Street
 City _____ State _____ Zip _____ E-mail _____

2. Ethnic Background American Indian/Alaskan Native Asian Black/ African American
 Hispanic or Latino Native Hawaiian/Pacific Islander White More than one race Refuse to Indicate

3. Citizenship
 U.S. Citizen Yes No Permanent Resident of the U.S.? Yes No Have a Student Visa? Yes No

4. Parent's Education Have either of your parents/guardians earned a bachelor's degree? Yes No

5. Family Income Size of Household (including yourself) _____ Family Taxable Income \$ _____
***Income verification may be required from the parent(s)/guardian(s) of dependent applicants as well as from independent applicants.*

6. Disability Status Do you have documented physical or learning disability? Yes No

Are you or will be receiving services from Disability Services? (Please check one) Yes No

7. Academic Plans Please check your intended area of study at JJC:
 Associate of Arts Associate of Science Associate of General Studies
 Associate of Applied Science Associate of Arts (in Teaching) Certificate of Achievement
 Certificate of Completion
 Major _____

8. Educational Progress High school attended _____ Graduation date: _____

Semester/year admitted to JJC: _____ Estimated graduation date from JJC: _____

Are you a parent? Yes No

Are you a Veteran? Yes No

9. Services Needed

Please check all areas for which you may need assistance:

- Course selection
- Math Tutoring
- Academic counseling
- Resume writing
- Deciding on a college major
- Reading Tutoring
- Personal counseling
- Interviewing skills
- Career Counseling
- Writing Tutoring
- Financial aid counseling
- Life planning
- Science Tutoring
- Computer Tutoring
- Test-taking skills

Other:

10. General Information How did you learn about the Student Support Services Program? Other students

Counselor _____
Name

Faculty/Staff _____
Name

Other _____
Please Specify

Are you employed? Yes No If so, how many hours per week do you work? 1 - 10 10 - 20 20 - 30 Full-Time

Are you receiving financial aid at this time? No If not, do you plan to apply in the future? Yes No

Do you intend to continue your education after graduation? Yes No If so, in what area of study?

If not, in what field would you like to work after graduation?

What do you see yourself doing five years from now?

In your own words, please explain briefly why you want to participate in the Student Support Services Program:

I **certify** to the best of my knowledge that the information I have provided on this application is correct. I **authorize** Student Support Services to verify the information I have given to qualify for the program and to gather other data required to extend program services.

Signature _____

Date _____

Parent Signature _____

Date _____

(dependent students only, under 24 years old, no dependents, no military, no grad school)

For Office Use

The Department of Education's approved income limit for a family of _____ is \$ _____ Applicant's taxable income is \$ _____

Student qualifies as: LI FG DI FG/LI DI/LI Does not qualify

Rationale (if ineligible) _____

Counselor(s) assignment _____

Application Reviewer's Signature and Date

Program Director Signature and Date

Counselor's Signature and Date

Recommended: Accepted Rejected

Save and Email