SSSP Application Academic Year 2011-12

1. BACKGROUND INFORMATION

*Name: _____ *SS #_____ * Male ( )
Last MI First Female ( )

*Address:_____City_____ZIP_____

*Phone # Home: _____ *Cell: _____

E-mail address:_____@ccny.cuny.edu Personal e-mail: _____@_____

*Grade Level: _____ (Freshman) _____(Sophomore) _____(Junior) _____ (Senior) * Intended Major: _____

*[1].First Generation ___Yes ___No; US Citizen? ___ Yes ____ No; * Permanent Resident ____ Yes ___ No

***Country of Origin:** _____ * Ethnicity_____ *More than one race: _____

*Referred by: Gateway ( ) Engineering ( ) Science ( ) Other: _____ *(Please specify)*

2.ACADEMIC NEED ***FRESHMEN:***_____ ***CONTINUING CCNY STUDENT*** _____ ***TRANSFER STUDENT:*** _____

FRESHMEN: SAT score: Verbal_____ Math _____ Writing _____ Regent Score: English_____ Math _____ ESL__Yes___No
Name of High School: _____ High School Avg._____ G.E.D ___ Yes ___ No
Attended CCNY Summer Program ____ Yes ____ No * AP Courses _____ Other _____

CONTINUING CCNY STUDENT Math Course Registered/completed (80, 190, 195, 201) [2]Re-entry ____ Yes ____ No

TRANSFER STUDENT: NAME OF COLLEGE TRANSFERRED FROM_____# OF TRANSFER CREDITS_____

3.SPECIAL NEED Veteran _____ Disabled _____ Homeless/living in shelter_____
Living with grandparents _____ Foster Home _____ Ward of State _____

4.INCOME LEVEL CHART

Number in Household	Taxable Income
1	16,335
2	22,065
3	27,795
4	33,525
5	39,255
6	44,985
7	50,715
8	56,445

FINANCIAL NEED

s	No

_____
_____

PLEASE TURN OVER

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5.OTHER INFORMATION:

1. Have you been enrolled in a TRIO (Upward Bound, Gear UP, SSSP, Talent Search) Program before ___ Yes ___ No
2. What is your Language of Proficiency ? Specify: _____
3. Would you like to volunteer as a Peer Mentor _____ Researcher _____ Tutor _____
4. Has either parent(s) or spouse living with you completed a Bachelor's Degree in the US Yes ( ) No ( )

6. **Please write a paragraph explaining why you want to join the CCNY Student Support Services Program**.
Make a note of the special talents you have and include the services you want to receive.

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Signature: _____ Date: _____

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Academic Need Code:

01 = Low High School Grades	02 = Low admission test scores	03 = No Longer used
04 = No Longer used	05 = Predictive indicator	06 = Diagnostic tests
07 = Low college grades	08 = High school equivalency (GED)	09 = Failing Grades
10 = Out of the academic pipeline for 5 or more years	11 = Other (Predictive Indicator)	12 = Limited English Proficiency

13 = Lack of educational and/or career goals 14 = Lack of academic preparedness for college level course work
15 = Need for academic support to raise grade(s) in required course(s) academic major
00 = Unknown/No response

Please complete and bring to NAC Room 6/148 ***(If the room is closed slip it under the door)*** **or Mail to the following Address: City College Student Support Services Program, 138th Street & Convent Avenue, NAC 6/148,New York, NY 10031**

1 First Generation is defined parent or spouse NOT having completed a US Bachelor Degree
2 Re-entry students are prior SSSP students returning to CCNY after a break of a semester or more.
***Must Fill.**