



# Student Support Services Application Northwest-Shoals Community College

## TWO LOCATIONS

**Shoals Campus**  
**Building 110, Room 102**  
**256-331-8057**

**Phil Campbell Campus**  
**SA 103**  
**256-331-6276**

**The information you provide on this application is strictly confidential.**

Student Support Services (SSS) is funded by U.S. Department of Education. SSS offers participants advising, degree planning, tutoring, and assistance with transferring. All services are free. To be eligible for the SSS program, students must have a need for assistance, meet federal economic guidelines, be a first generation college student, and/or have a documented disability. Participants must be U.S. citizens or permanent residents enrolled or accepted for enrollment at NW-SCC. **Verification of taxable income is required.**

**NON-DISCRIMINATION POLICY** – It is the policy of Northwest-Shoals Community College not to discriminate on the basis of age, color, creed, disability, national origin, race, religion, or sex in accordance with all laws, including Title IX of Education Amendments of 1972, Title VII of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act, Civil Rights Act of 1991, and Executive Order 112346.

**SEXUAL HARRASMENT POLICY** – The College administration will take all necessary steps to insure that sexual harassment, in either the hostile environment or “quid pro quo” forms, does not occur on campus or at any event/activity sponsored by this College. This policy applies to all members of the College community. Students of the College community are encouraged to report complaints about sexual harassment to the Title IX Coordinator, Ms. Crystal Reed at 256-331-5249.

Student # \_\_\_\_\_ Social Security # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Have you attended NW-SCC under a different name? If so, please list \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Preferred method of contact:     Text Message     Cell Phone     Home Phone     Email

Gender:     Male     Female    Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Indicate your ethnic background (may select more than one):     American Indian or Alaskan Native

White     Asian     Native Hawaiian or other Pacific Islander     Black or African-American

Are you Hispanic/Latino?  Yes  No

Who claims you as a dependent on federal income taxes?  Parent or Guardian  Self

Are you a U.S. citizen or a Permanent Resident?  Yes  No

If Permanent Resident, list your INS A# \_\_\_\_\_

Is either parent a graduate of a 4-year college?  Yes  No

Do you have a disability DOCUMENTED THROUGH THE NW-SCC ADA OFFICE?  Yes  No

Have you completed the FAFSA?  Yes  No Will you be receiving financial aid?  Yes  No

Type of aid:  Pell Grant  Student Loan  Veterans Benefits  Vocational Rehabilitation

Scholarship  Work Study

Have you previously participated in Student Support Services?  Yes  No  Unsure

Are you a High School Graduate?  Yes  No High School \_\_\_\_\_

Graduation Year \_\_\_\_\_

Do you have a GED?  Yes  No Date Received \_\_\_\_\_

Have you previously received a degree or certificate from NW-SCC?  Yes  No

Have you previously earned a 4-year degree?  Yes  No

**Please check all that apply:**

I need assistance developing educational and career goals.  Yes  No

I would like to sign up for tutoring.  Yes  No

I have been out of school for 5 or more years.  Yes  No

I have low or failing grades in one or more courses.  Yes  No

I need assistance selecting and registering for classes  Yes  No

The information provided in this application is accurate and complete to the best of my knowledge. Student Support Services personnel may have access to my NW-SCC Admissions, Financial Aid, and Academic records. **I will provide official confirmation of my income and parents' or guardians' income.** I also give permission for my name, photograph, and/or statements to be used in any media concerning SSS. If accepted, I agree to cooperate and participate as scheduled in the Student Support Services project. Failure to meet the requirements can result in dismissal from this program. \* By checking this box and typing my name below, I am electronically signing my application.

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