Student Support Services (SSS) and S.T.E.M. are free federal TRIO Programs that serve students who are first generation, low-income, or have a disability. These programs provide academic support and guidance to help Madera and Clovis Community College Centers students meet the challenges of obtaining a Certificate, AA/AS degree, AA-T/AS-T degree and/or transfer to a four year university. If you are committed to achieving success; SSS & S.T.E.M. can help you achieve your academic and career goals.

SSS & STEM Services Offered to you

- Priority Registration
- Academic Advising
- Career Planning
- Transfer Assistance
- University Campus Tours
- Financial Literacy

Minimum Qualifications:

- U.S. Citizen or permanent resident and meeting residency requirements for Federal Financial Aid
- Enrolled in 12 units or more in a Certificate, AA/AS, or Transfer Program
- Be in good academic standing and have a 2.0 or better
- Have less than 50 college units completed
- Eligible for English 125 OR English 130
- One or more of the following apply
  - Be considered low income
  - Parents or guardians did not graduate from a college or university
  - Have a disability

Documents Required to process your application

- ___Application
- ___Financial Aid FAFSA printout or Verification of income (1040 tax return)
- ___Educational Questionnaire
- ___Transcripts
  - High School Transcripts for first time students and/or All other colleges previously attended
- ___Recommendation Form

Please return your completed application and all required documentation to:

Clovis Community College
Brandon Huebert, MS
559-325-5227
Student Services: AC2 - 133
brandon.huebert@cloviscollege.edu

Madera Center
Luis Morales, MS
559-675-4800 EXT 4891
Student Services: AM - 174
luis.morales@scccd.edu

The U.S. Department of Education provides TRIO funding for the SSS/S.T.E.M. Grant. Applicants will be considered without regard to race, color, religion, national origin, sexual orientation, marital status or disability. Personal information collected is for reporting requirements and is confidential.

This program is fully funded by the U.S. Department of Education.
2016-2017 APPLICATION

Name: ___________________________ Last First Middle Initial

Mailing Address: ___________________________ Apt #: ___ City: ___________ Zip Code: ______

Home Phone #: ( ___ ) ______-_________ Cell Phone #: ( ___ ) ______-_________

Birth Date: _______/_____/_______ Sex: ☐ Male ☐ Female

SSN: ______-____-_______ Student ID#: _______________________

Student Email Address ____________________________

Are you a US Citizen? Yes___/No___ If NOT, please provide a copy of Permanent Resident INS card
Place of Birth: _______________________________________

Permanent Resident Card #: ____________________________

Ethnicity and Race Categories (Circle All that Apply)
Do you identify yourself as Hispanic or Latino? YES NO
Do you identify yourself as American Indian or Alaskan Native? YES NO
Do you identify yourself as Asian? YES NO
Do you identify yourself as Black or African American? YES NO
Do you identify yourself as White? YES NO
Do you identify yourself as Native Hawaiian or Other Pacific Islander? YES NO

Circle one or more that applies to you:

- Low Income YES NO
- First Generation student YES NO Highest grade completed by your parents _____________
- Have a Disability YES NO Diagnosis_________________________
  - Are you currently receiving services from DSP&S? ______Yes ______No

Can you be identified as any of the following (Circle all that apply):

- ESL YES NO
- Veteran YES NO
- Foster Child YES NO
- Homeless YES NO

Academic need for SSS/STEM Services – (Check all that apply):

- Low High School Grades ___ College grades 2.0 - 2.5
- Low Admission Test Scores ___ High School equivalency/GED
- Predictive Indicator ___ Failing Grades
- Academic Proficient Tests ___ Out of School >5 years
- Lack of educational and/or career goals (undecided major) ___ Limited English Proficiency
- Lack academic preparedness for college level course work
- Need academic support to raise grade(s) in required courses(s)
Major: _________________________________   Career Goal: ________________________________

If you are undecided, please write down an area that you are most interested in: ________________

Do you plan to obtain a certificate or degree from Reedley College or Clovis Community College?  ___YES     ___NO

Do you plan to transfer to a four-year college? ___Yes  ___No   Institution: ______________________

Have you or are you participating in any of the following programs?
(Please check all that apply).

___  (EOPS) Extended Opportunity Programs and Services   ___ Upward Bound
___  (DSP&S) Disabled Students Programs & Services   ___ CalWORKs
___  (Honors Program)

High School Attended: __________________  Graduation Year_______       High School GPA: ______

Have you attended other Colleges or Universities?   YES___     NO ___     WHERE ________________
(please provide transcript)

INCOME INFORMATION

Have you filed the Free Application for Federal Student Aid (FAFSA) for the current academic year?  
___YES     ___NO

Please provide a copy of your tax return (if 24 years or older) or your parents/guardian tax return for the previous year. If you or your parents/guardian did not file taxes please provide proof of all other income or assistance.

Total number of people living in your household, including yourself, parent(s), siblings, or other dependents in your family: ___________Please circle family size and income level:

Federal TRIO Programs 2017 Low Income Levels

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$18,090</td>
</tr>
<tr>
<td>2</td>
<td>$24,360</td>
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<tr>
<td>3</td>
<td>$30,630</td>
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<td>4</td>
<td>$36,900</td>
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<td>5</td>
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<td>6</td>
<td>$49,440</td>
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<tr>
<td>7</td>
<td>$55,710</td>
</tr>
<tr>
<td>8</td>
<td>$61,980</td>
</tr>
</tbody>
</table>

Add the following amount for each additional family member: $6,270

I certify that all information which I have provided is true and correct to the best of my knowledge:

Student’s Signature: _________________________________   Date________________________
By signing this Responsibility Agreement, I am stating that I have read, understood and agreed to all my responsibilities as a SSS/S.T.E.M. Participant.

STUDENT RESPONSIBILITY AGREEMENT: Please initial each line

If selected to participate in the SSS/S.T.E.M. Program, I agree to:

☐ Meet with a SSS/STEM counselor three times every semester ______
☐ Attend orientation at the beginning of each semester ______
☐ Be enrolled in 12 units or more during Fall and Spring ______
☐ Maintain 2.0 GPA or higher every semester ______
☐ Be pursuing a Certificate, AA/AS or Transfer Program ______
☐ Participate in events and workshops provided by the SSS/STEM Program ______
☐ Utilize the library and Tutorial Learning Center ______
☐ Inform SSS/STEM Counselor of address, phone number or class schedule changes ______
☐ Allow communication with instructors to monitor academic progress ______

Student’s Signature: _________________________________ Date________________________

I release the use of program photographs for publicity and marketing purposes
☐ Yes  ☐ No

I give permission to release information regarding my academic records and any other information necessary for the purpose of meeting the SSS/STEM requirements
☐ Yes  ☐ No

For TRiO Staff only

Approved YES NO
Cohort Year _______________
Date of First TRiO Service _______________
☐ SSS Student ☐ S.T.E.M. Student

Counselor/Coordinator Signature_______________________________ Date ________________
STUDENT SUPPORT SERVICES
SCIENCE-TECHNOLOGY-ENGINEERING-MATHMATICS

Participant Questionnaire
In the space provided below, please answer the three following questions:

1. What are your Educational and Career goals? (Major, Degree, Transfer, etc.) and why?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. What obstacles are you currently facing that might hinder your possibilities to complete your educational goal? What are you doing to overcome it?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. From the following list, check the services you are planning to utilize as a participant in the SSS/SSS-STEM Programs
   ❖ Academic advising ___
   ❖ Priority registration ___
   ❖ Career Planning ___
   ❖ Transfer Assistance ___
   ❖ Informational workshops ___
   ❖ Tours to other campuses ___
Recommendation Form for SSS/STEM TRiO Program

Recommendation form needs to be completed by a Teacher/Instructor, employer or Counselor.

I. Student Section:
Student’s Name: ___________________________________________ Student ID #: __________________
Phone Number: (_____)___________________________________
__________________________________________________________________________________________

II. Faculty Section:
Name: _________________________________________Job Title:________________________________
Name of School Site:_____________________________ Phone Number: (______)____________________
Email Address:___________________________________________________________________________
How long have you known the applicant?_______________ In what capacity?____________________

Please evaluate the applicant by placing a check in the column that best applies.

<table>
<thead>
<tr>
<th>Student Attribute:</th>
<th>Above</th>
<th>Exceptional</th>
<th>Average</th>
<th>Below</th>
<th>Average</th>
<th>Not able to Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingness to learn</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Ability to work with others</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Honesty and Integrity</td>
<td>☐</td>
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<tr>
<td>Self-Motivation</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Responsibility/Dependability</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Persistence/Perseverance</td>
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<td>☐</td>
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<td>Self-Confidence</td>
<td>☐</td>
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<tr>
<td>Ability to prioritize (goals, needs, desires..)</td>
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<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Compared to others, I would rank this candidate overall:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Comments:</td>
<td></td>
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</tbody>
</table>

____________________________________________________________________________________
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