



Clinton Junior College  
Student Support Services  
*A Beacon of Light Scholar's Program*

Student Application

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Personal Data:**

Name: \_\_\_\_\_ S.S.N. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (M.I.)

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Campus Address: \_\_\_\_\_  
(Residence Hall) (Room #)

Campus Phone: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Eligibility Information**

U.S. Citizen: (Y/N) \_\_\_\_\_

Has either of your parents received a four-year degree? (Y/N) \_\_\_\_\_

If yes,

Name of Institution(s): \_\_\_\_\_

\_\_\_\_\_

If no,

Highest Grade completed by Father: \_\_\_\_\_

Highest Grade completed by Mother: \_\_\_\_\_

Family Annual Taxable Income (\$) \_\_\_\_\_

Number of Family Members Residing at Home: \_\_\_\_\_

(Including Yourself)

Do you live with your parents? (Y/N) \_\_\_\_\_

Do you have a disability? (Y/N) \_\_\_\_\_

If yes, specify: \_\_\_\_\_

Will you need disability accommodations and/or services? (Y/N) \_\_\_\_\_

If yes, (You must submit documentation)

Have you previously participated in other Federally Funded Educational Programs?

(Y/N) \_\_\_\_\_

If yes, check which program: Upward Bound\_\_\_ Talent Search\_\_\_ Other\_\_\_\_\_

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

(City)

(State)

**Educational Data:**

High School Attended: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(City) (State)

High School Grade Point Average: \_\_\_\_\_

S.A.T. Scores Verbal \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_

A.C.T. Scores (If Applicable) English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_

Intended Major at CJC \_\_\_\_\_

## Contract for Services

**I authorize and release the following information to the Student Support Services Program at Clinton Jr. College to verify eligibility, determine appropriate services and to track my academic progress:**

- Early Alert progress report
- Mid-term and final grades
- Financial Aid information
- Income verification
- Transcripts
- Standardized test scores (SAT/ACT)
- Class schedules

**I understand that I must cooperate and be an active participant by regularly attending SSS sponsored activities and appointments required by the SSS office. Further, I understand that failure to perform according to the program's requirements will jeopardize my opportunities to receive SSS services. These services include the following:**

- Personal and academic counseling and advising
- Tutorial assistance
- Mentoring
- Career counseling and assessment
- Workshops on study skills, note taking skills, etc.
- Assistance in securing admission to a four-year institution
- Cultural and educational events
- Disability accommodations

I agree to participate in the Student Support Services Program and certify that the information provided on this profile is correct to the best of my knowledge.

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**Signature of Student**

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**Date**

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**Social Security Number**

Return Completed Form to:

Clinton Jr. College  
**Student Support Services**