



Student Support Services
Academic Building, Room 110
 Independence Community College
 1057 W. College Avenue
 Independence, KS 67301
 www.indycc.edu



Student Support Services

Student Support Services

Phone # 800-842-6063 or 620-331-4100 ext. 5423

Fax # 620-331-3209

Request For Services

The information you provide on this form will be kept confidential.

PLEASE PRINT

I. Demographic Data

Name: _____ SSN/ID: _____ - _____ - _____
Last First MI

Local Address: _____

Cell Phone: _____ Do you send/receive text messages? Yes No

Birth date: _____ Sex (Optional): Male Female
(mm/dd/yyyy)

E-Mail address (that you regularly check) _____

Academic interest/major: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Are you a military veteran? Yes No

Marital Status: Single Married Divorced Separated

Race (optional): White Black/African American Latino/Hispanic American
 Asian American Native American (specify _____)
 Mixed Race Other (specify _____)

Are you a U.S. Citizen? Yes No Permanent Resident? Yes No

II. First Generation

Has either of your parents/guardians received a bachelor's (4-year) degree? Yes No

III. Income Eligibility

Have you applied for financial assistance (i.e., grants, loans, scholarships)? Yes No

Types of financial aid you are or will be receiving this semester (check all that apply):

- Pell Grant Federal Work-Study Scholarship Parents
 SEOG Student Loan Self Other

IV. Assessment Data

Do you have a documented physical, mental, or learning disability (optional)? Yes No

In which of the areas listed below do you need assistance (check all that apply)?

- Writing Skills Reading Skills Math Skills Study Skills Career Advising
- Academic Advising Personal Counseling Financial Aid Counseling

V. Educational Data

High school attended: _____
Name City State

Year graduated: _____ Year completed GED: _____

Date first enrolled at ICC? _____

Current Classification (determined by number of hours completed):

- >15 hrs. = 1st semester freshman 15-30 hrs. = 2nd semester freshman
- 30-45 hrs. = 1st semester sophomore 30-60 hrs. = 2nd semester sophomore
- 60+ = returning student

Student Status: Full-time (12+ hrs) Part-time Day student Evening student Online only

Student Activities (check all that apply):

- Athletics (specify): _____ Art Band Choir Drama Journalism
- Other (specify): _____

Have you taken any of these tests (check all that apply): Compass ACT SAT

Educational goal: Transfer with associate's degree Transfer without associate's degree

Associate's degree Bachelor's degree

Take courses with no intent to transfer/graduate

VI. Student Clearance and Approval

I understand that the SSS program will use the data provided on this form to assist in assessing any academic and/or career planning needs and that all of the information will be kept confidential. I release the following information to the SSS staff: high school/college transcripts, COMPASS/ACT/SAT scores, ICC graduate reports and instructor evaluations, financial assistance award notices and income information, vocational rehabilitation records and any other information from my academic records pertaining to my enrollment in SSS. I also agree to abide by all SSS rules and regulations concerning student conduct, equipment, and responsibility.

Signature: _____ Date: _____

FOR OFFICE USE ONLY!!

U.S. Department of Education's income limit for family of _____ is \$ _____

Number in family _____ Family taxable income _____

- ISIR Tax Form Written verification

Eligibility Verification: LI/FG Disability LI only FG only

Accepted Accepted pending completion of _____

Added to waiting list Denied for the following reason(s): _____

Academic need: Tutoring Non-traditional student Multiple needs

SSS personnel signature _____ Date: _____