

PROGRAMS FOR ACADEMIC SERVICES AND SUCCESS

If you would like to be considered for Programs for Academic Services and Success, complete this application. The program provides academic advisement, counseling, tutoring, and financial assistance to eligible New Jersey residents.

NAME _____ SOCIAL SECURITY NO. _____ - _____ - _____
LAST FIRST MI

ADDRESS _____
STREET APT.

CITY STATE COUNTY ZIP

HOME PHONE NO. (____) _____ - _____ CELL PHONE NO. (____) _____ - _____ E-MAIL ADDRESS: _____

Place an X in the appropriate space:

1. I am applying for: FALL _____ SPRING _____ SUMMER _____ YEAR _____
FULL-TIME _____ PART-TIME _____
2. I have _____ have not _____ filed a Free Federal Financial Aid Form (FAFSA)
3. I have _____ have not _____ taken the College Skills Placement Test (CSPT)
4. High School Name _____ Graduation Year _____
5. I have _____ do not have _____ a GED. Date and location of test: _____
6. I have _____ have not _____ previously attended Mercer County Community College
(EOF Student: Yes No Number of Credits _____) (SSS Student: Yes No Number of Credits _____)
7. I have _____ have not _____ attended another college:
Name of college _____ Dates attended _____
 (EOF Student: Yes No Number of Credits _____) (SSS Student: Yes No Number of Credits _____)
8. I am _____ am not _____ a US citizen or permanent resident
9. I have lived in the State of New Jersey _____ years
10. Household size including me _____ My (our) total family income is \$ _____ per year
 10a. I live with my mother
 10b. I live with my father
 10c. I am an orphan or ward of the court
11. My mother graduated from a 4-year college or university and has a bachelor's degree
12. My father graduated from a 4-year college or university and has a bachelor's degree
13. My (our) source of income is: Employment Welfare Child Support Social Security
Veteran's Benefits Other (explain) _____
14. Federal and State governments require the college to submit summary information in the following areas. Although your response is OPTIONAL, your cooperation in completing this information will be appreciated:
Sex: F M Married Single Date of Birth _____ / _____ / _____
 Black (non-Hispanic) Hispanic White (non-Hispanic) Puerto Rican
 Cuban Asian/Pacific Islander Mexican Central/South American
 Native American/Alaskan Native

I certify that the information provided on this application is true and correct to the best of my knowledge. I will supply proof of residency, income, and education as required.

Date: _____ Signature: _____

OFFICE USE ONLY

FAFSA Complete Appointment Eligible Award Pending Awarded Approved _____
 Yes No Date: __/__/__ Date: __/__/__ Date: __/__/__ Date: __/__/__ Date: __/__/__

INELIGIBLE Date: ____/____/____

Return to Al-Lateef Farmer, PASS Recruiter at farmera@mccc.edu