



Westfield

 Founded 1838

PROGRAM APPLICATION

For Office Use:
CWID#:
Enroll Date:

Please complete and return to Wilson 201

PERSONAL:			
Date / /		Social Security # - -	
Last Name		First Name	MI
Street Address			
City	State	Zip	Best Way to Reach You?
Home Phone	Cell Phone	Res. Hall Phone	
Res. Hall/Room #	Email Address		
Date of Birth / /	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No		U.S. Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ETHNICITY:			
Select the one you most identify with and/or elaborate.			
<input type="checkbox"/> Asian or Asian-American	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Native American
<input type="checkbox"/> White	<input type="checkbox"/> Biracial/Multiracial	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> Other (please specify) _____			
FINANCIAL AID:			
Are you receiving financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please check all that apply:</i>			
<input type="checkbox"/> Pell Grant	<input type="checkbox"/> Student Loan	<input type="checkbox"/> Other aid	
<input type="checkbox"/> Applied, but not eligible	<input type="checkbox"/> Work-Study	<input type="checkbox"/> Did not apply	
<input type="checkbox"/> Receiving aid, but not sure what type <input type="checkbox"/> Applied, but have not received notification			
EDUCATION:			
Major		Minor	
Special Interests			
Previous College		Dates of Enrollment	
City	State	Zip	
CITIZENSHIP:			
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please check one:</i>			
<input type="checkbox"/> A U.S. permanent resident and you have an Alien Registration Receipt Card (I-551)			
<input type="checkbox"/> A conditional permanent resident (I-551C)			
<input type="checkbox"/> A non-citizen with an Arrival-Departure Record (I-94) from the Department of Homeland Security showing that status has not expired, or "Cuban-Haitian Entrant"			
<input type="checkbox"/> In the U.S. On a F1 or F2 student visa, or J1 or J2 exchange visitor visa, or a G series visa			
<input type="checkbox"/> Other (please specify): _____			

DOCUMENTED DISABILITY VERIFICATION:

Do you have a **documented** physical, medical, psychological, or learning disability? Yes No

If yes, is the documentation for:

- Learning Disability Physical Disability Psychological Disability
 Attention-Deficit Disorder (ADD or ADHD) Medical Disability
 Other (please explain) _____

Are you registered with Disability Services? Yes No

FIRST GENERATION VERIFICATION:

The term "first generation college student" means:

- ♦ An individual, both of whose parents did not complete a bachelor's or 4-year college degree, *or*
- ♦ An individual who regularly resided with and received support from only one parent, and whose only such parent did not complete a bachelor's or 4-year college degree.

Based on the definition above, are you a first generation college student? Yes No

If yes, please answer the following with regards to your parent(s)/guardian(s):

#1 Parent/Guardian Education:

- Less than high school Some high school GED High school graduate
 Some college 2-Year college degree, college: _____
 4-Year college degree, college: _____ Graduate degree
 Unknown

#2 Parent/Guardian Education:

- Less than high school Some high school GED High school graduate
 Some college 2-Year college degree, college: _____
 4-Year college degree, college: _____ Graduate degree
 Unknown

NEEDS ASSESSMENT:

Check all areas in which you feel you could use extra support at WSC:

- | | | |
|--|---|--|
| <input type="checkbox"/> Study skills | <input type="checkbox"/> Course selection | <input type="checkbox"/> Tutoring – Math |
| <input type="checkbox"/> Note-taking skills | <input type="checkbox"/> Major/minor selection | <input type="checkbox"/> Tutoring – Writing |
| <input type="checkbox"/> Test-taking skills | <input type="checkbox"/> Career exploration | <input type="checkbox"/> Tutoring – Science |
| <input type="checkbox"/> Reading comprehension | <input type="checkbox"/> Graduate school exploration | <input type="checkbox"/> Tutoring – Other Subjects |
| <input type="checkbox"/> Time management | <input type="checkbox"/> Managing my finances | <input type="checkbox"/> Adjustment to college |
| <input type="checkbox"/> Stress management | <input type="checkbox"/> Scholarship research & application | <input type="checkbox"/> Goal setting |
| <input type="checkbox"/> Self-care | <input type="checkbox"/> FAFSA Filing | <input type="checkbox"/> Other: _____ |

OTHER:

Are you a student in the Urban Education Program? Yes No

What is your current status? First-Year Sophomore Junior Senior

STUDENT ACKNOWLEDGEMENT:

I certify that the information provided on this application is, to the best of my knowledge, accurate and true. As a Student Support Services Program (SSSP) participant, I give my permission to SSSP to review, obtain, or make copies of all necessary Westfield State College and prior educational documents (i.e., financial aid records, high school and college transcripts, disabilities documentation, assessment results, etc.) to determine eligibility for and/or enhance the effectiveness of the program and services provided to me. I also give permission for SSSP personnel to share information with appropriate educators and college representatives as necessary to support my educational progress and academic success.

Student Name (Please Print)

Student Signature

_____/_____/_____
Date