



Application for Student Support Services

This application are confidential. Complete all parts of this application and sign, date and email to Brynna Perrault at bperrault@manchestercc.edu or Philip Burnham at pburnham@manchestercc.edu.

APPLICANT INFORMATION

First Name		MI	Last Name		Banner ID	
Street Address						Apt. #
City					State	Zip
Home Phone		Cell Phone		Email		
Date of Birth	Age	Birth Place		Gender	Marital Status	
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced					
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a permanent resident? (green card holder) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many hours weekly? _____ Hours Per Week		

ETHNICITY/RACE

What is your ethnic background? (Select one or more)

<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

FAMILY INFORMATION

Number of people in your family	Does your family receive AFDC? (Aid to Families with Dependent Children) or other state assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do either of your parents or legal guardian hold a bachelor's degree <input type="checkbox"/> Yes <input type="checkbox"/> No
What is/was your family's attitude toward your attending college? (Select one)		
<input type="checkbox"/> Discouraged you <input type="checkbox"/> Encouraged/expected you to go <input type="checkbox"/> Left the decision to you <input type="checkbox"/> Insisted that you go		
Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is your native language?	
Do your parents or guardians speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what other language(s) is spoken at home?	

FINANCIAL AID INFORMATION

Are you receiving financial aid from Manchester Community College? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list.

DISABILITY INFORMATION

Do you have a documented disability? Yes No

If yes, please specify the disability and accommodations you've received.

MCC ACADEMIC COURSE PLACEMENT

Have you taken the Accuplacer® Test?

Yes No

Placement

(English)

(Math)

ACADEMIC HISTORY

Do you have a high school diploma?

Yes No Pending

Name of High School

Graduation Year

Have you passed the high school equivalency exam GED?

Yes No Pending

Town/State

Graduation Year

Are you a home schooled graduate?

Yes No Pending

Town/State

Graduation Year

REQUIRED

By signing this document, I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

FOR OFFICE USE ONLY

Eligibility Verification	LI Only _____	DIS Only _____
LI/FG _____	FG Only _____	DIS/LI _____