Application to participate in:
ROAD (Reaching Out & Achieving the Dream) Scholar Program
Of
Student Support Services

Helping students make tomorrow's dreams

today's reality

LRC 109
(276) 656-0296
1-800-232-7997 (toll free)
E-mail: sss@patrickhenry.edu

Patrick Henry Community College
645 Patriot Avenue
Martinsville, VA 24112

Student Support Services (SSS) is a federally funded TRIO grant program of $318,050 for 2014-2015 through Title IV (TRIO) of the U.S. Department of Education. SSS provides academic and personal support services to eligible students in an effort to assist them to successfully complete their education and achieve their personal and career goals. SSS offers a wide variety of services and activities designed to meet the individual needs of each student. All services are FREE to those who qualify. Any PHCC student may apply to participate in SSS. **Information obtained from this form is used only by SSS and kept strictly confidential.** It does not in any way affect your admission to PHCC or your eligibility to participate in other services and activities offered by the college.

Do I Qualify? Check all that apply:

o First generation college student: neither parent has earned a bachelor's degree
o Income eligible: based on current federal guidelines (we will help you to determine this)
o Disability: must provide full documentation of disability upon acceptance into SSS

Name _____ Empl ID # _____
Last *First* *Middle Initial*

Address _____
Street/PO Box *City* *State* *Zip Code*

Phone (cell) _____ (home)_____

S.S. # _____ E-Mail _____

Marital Status: O Single O Married O Divorced O Widowed

Citizenship: O U.S. Citizen O Non-U.S. Citizen

Veteran: O Yes O No

Ethnicity: (We are required to report this information. Your response does not affect eligibility for program services.)

O Caucasian O African-American O Hispanic/Latino O Asian O Native Hawaiian/Pacific O Native American

Educational Background: O Less than high school diploma O High school diploma O G.E.D.

O Other college or university _____

First Generation:

Has your mother **completed** a bachelor's degree or higher? O Yes O No

Has your father **completed** a bachelor's degree or higher? O Yes O No

OFFICE USE ONLY: Date Application Received:_____
Eligibility requirements met: First Generation / Income / Disability
Student Accepted o Yes o No Date:_____ Staff Initials_____
Reason Accepted_____ APR # _____

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Employed? O No O Yes – Where _____

What is your **current** monthly family income: from work $_____ from other sources $_____

Other sources of income/support: O T.A.N.F. O Food Stamps O Child Support

O Social Security O Unemployment O Trade Act O Retirement

O V.A. Benefits O Vocational Rehabilitation

Disability:

Do you have any type of disability (ex. physical, medical, psychological, learning, attention deficit) or were you ever in a special education program while in school? O Yes O No

I certify that the above information is true and correct to the best of my knowledge. In addition, everything mentioned in this application packet—(all forms) are verified by this signature. I hereby authorize Student Support Services to obtain all academic and financial information necessary to determine my eligibility.

Applicant Signature _____ Date _____

PHCC is an equal opportunity/affirmative action institution.

This application is available in alternate formats upon request.

ROAD Scholar TRIO Program
OF
Student Support Services

Personal Inventory

Name _____

Empl ID _____

Directions: the following questions will let us know more about you and the way you feel. Answer each question by marking an "X" under "Yes" if the statement is like you or describes you or "No if it is not like you or doesn't describe you. Try to answer all the questions as honestly as you can with your first impression.

Yes	No	
_____	_____	1. I want to make changes in my life.
_____	_____	2. People expect too much of me.
_____	_____	3. I'm well liked by people my own age.
_____	_____	4. Work often upsets me.
_____	_____	5. I have too many things going on in my life.
_____	_____	6. My feelings are very important to my family.
_____	_____	7. At home I lose my temper easily.
_____	_____	8. I'm very often in a good mood.
_____	_____	9. I can easily make decisions.
_____	_____	10. I feel I always have a need to improve myself.
_____	_____	11. I find it very hard to express my opinions in front of other people.
_____	_____	12. I'm easy to be with.
_____	_____	13. I find it hard to get used to new things.
_____	_____	14. I'd rather give in than fight.
_____	_____	15. It's not easy being me sometimes.
_____	_____	16. My family puts pressure on me.
_____	_____	17. I've often thought of leaving home.
_____	_____	18. Other people are better looking than I am.
_____	_____	19. I'd like to feel better about myself.
_____	_____	20. My family is very supportive of me.

Needs Analysis

ROAD Scholar Program—SSS
2014-2015

Name_____ Empl ID_____

SS #_____

1. **Write a commentary with at least 3 paragraphs discussing your short term and long term personal and career goals. Include your plan of action for achieving your goals. (use the back of this sheet or attach a sheet – please type if at all possible)**

2. **Listing your Strengths/Weaknesses**

List 5 Academic or Personal Strengths (things that will help you as a student)	List 5 Academic or Personal Weaknesses (things that you want to work on as a student)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

3. **I would like assistance with the following:**

_____ **Career Information** _____ **Curriculum/Major** _____ **Advising**

_____ **Tutoring in** _____

_____ **Study Skills** □**Reading Textbooks** □**Notetaking** □**Test Taking**
□**Organization/Time Management** □**Stress Management**
□**Learning Styles** **Other**_____

_____ **Computer Training** □**basic skills** □**software** □**coursework**

_____ **Transfer Assistance** □**advising** □**college info.** □**campus visits**

_____ **Adjusting to College** _____ **Family/Spouse Support** _____ **Peer Support**

_____ **Services for a Disability**

_____ **Other**_____

_____

Remember: Write a commentary with at least 3 paragraphs discussing your short term and long term personal and career goals. Include your plan of action for achieving your goals. (use the back of this sheet or attach a sheet – please type if at all possible)