

**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  
E-mail: [sss@patrickhenry.edu](mailto: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 \$350,053 for 2018-2019 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.

Name \_\_\_\_\_ Empl ID # \_\_\_\_\_  
*Last First Middle Initial*

Address \_\_\_\_\_  
*Street/PO Box City State Zip Code*

Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
S.S. # \_\_\_\_\_ E-Mail \_\_\_\_\_

Marital Status:     Single     Married     Divorced     Widowed     Separated

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

Veteran:     Yes     No

Ethnicity:    (We are required to report this information. Your response does not affect eligibility for program services.)  
 Caucasian     African-American     Hispanic/Latino     Asian     Native Hawaiian/Pacific     Native American

Educational Background:     Less than high school diploma     High school diploma     G.E.D.  
 Other college or university \_\_\_\_\_

**First Generation:**

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

**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?     Yes     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.

**OFFICE USE ONLY:**    Date Application Received: \_\_\_\_\_  
Eligibility requirements met: First Generation / Income / Disability  
Student Accepted     Yes     No    Date: \_\_\_\_\_ Staff Initials \_\_\_\_\_  
Reason Accepted \_\_\_\_\_    APR # \_\_\_\_\_

# 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

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)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List 5 Academic or Personal Weaknesses  
(things that you want to work on as a student)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
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)**