

Special Populations & Lending Library Application

In order to determine appropriate services, please complete this needs assessment fully and honestly. Responses will be used to develop an individual support plan with the aim of fostering your success in your educational endeavors.

Name:					
Student ID #:	ident ID #: Date of Birth:				
Address:					
City:	State: _	Zip	·	Phone:	
Email:					
Gender:	Race: _				
Marital Status: Never M	IarriedM	arried _	Divorced	Separated	Widowed
Please check any that ap	ply to your p	articular	situation.		
Single Parent		Di	splaced Hom	emaker	
Single Pregnant Woman English as a Second Language					
Non-Traditional Stud	ent (as define	d by TCS(5)		
Educational Background	1				
Please check the highest l	evel of educati	ion you ha	we attained.		
High School Diploma		GI	ED		
Some College		Co	ollege Gradua	te	
If you graduated from coll	ege, what deg	ree did yo	ou earn?		
Are you a first generation	college studer	nt?	Yes	No	
		y 29 North; ww.athenstee 706.355.50		01	

Financial Aid

Please check any of the following forms of financial assistance you are receiving to attend Athens Technical College.

Pell Grant	WIA	Work Study Position		udy Position			
Veterans Benefits	Voc Rehab	ab HOPE Gr		rant/Scholarship			
Personal Income							
Are you employed?	Full Time	P	art Time	Unemployed			
If you are employed, please provide the following information.							
Name of Employer:							
Position Title:							
Are you receiving public assistance?YesNo							
Please check any of the inc	ome sources that a	pply to yo	u.				
TANF		Food Stamps					
Work Wages		SSI/SS					
WIA		Veterans	s Benefits				
Unemployment Assist	tance	_ Alimony					
Child Support		Other:					
Annual Household Incom	ie						
\$0 - 4,999		_\$20,000	- 24,999				
\$5,000 – 9,999		_\$25,000	- 29,999				
\$10,000 – 14,999		_\$30,000	- 34,999				
\$15,000 – 19,999		\$35,000	or more				

800 US Highway 29 North; Athens, GA 30601 www.athenstech.edu 706.355.5010

Personal Situation

If you have children, how many? ______ How many children live with you? ______ If you have children, do you have sufficient childcare arrangements that will allow you to attend college without interruption? _____Yes ____No How many people live in your household? ______ Of those individuals, for how many are you the primary caretaker? ______ **Housing Status** ______Rent my home ______Reside in public housing ______Own my home ______Reside in Section 8 housing ______Housing provided by relative/friend _______Homeless What, if any, barriers do you anticipate to being successful in college?

What, if any, support do you think you need in order to be successful in college?

Please indicate your level of agreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My family members are supportive of my educational endeavors.					
My family will be able to assist me in					
making my educational endeavors a					
priority.					
My family life may prevent me from					
making my education a priority.					
I worry that my health may affect my					
ability to be successful in college.					
I am generally in good health and able					
to function with typical daily tasks.					
I or those around me worry that my					
use of alcohol and/or drugs may affect					
my ability to be successful in college.					
My use of alcohol and/or drugs can					
sometimes be excessive.					
I have in the past or am currently					
getting treatment for the use of					
alcohol and/or drugs.					
My relationships with friends and					
family members are healthy.					
I have in the past or am currently					
struggling with mental illness.					
My romantic relationship(s) are					
healthy and supportive of me as a					
person.					
I have reliable and consistent					
transportation to attend college.					
I will frequently or always be using					
public transportation to attend					
college.					
I have difficulty paying all of my bills					
on time.					

I have completed this assessment to the best of my ability and with honest information.

Signature: _____ Date: _____