



## Student Support Services

### 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 #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Marital Status:  Never Married  Married  Divorced  Separated  Widowed

**Please check any that apply to your particular situation.**

Single Parent

Displaced Homemaker

Single Pregnant Woman

English as a Second Language

Non-Traditional Student (as defined by TCSG)

#### **Educational Background**

Please check the highest level of education you have attained.

High School Diploma

GED

Some College

College Graduate

If you graduated from college, what degree did you earn? \_\_\_\_\_

Are you a first generation college student?  Yes  No

**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
- Veterans Benefits               Voc Rehab               HOPE Grant/Scholarship

**Personal Income**

Are you employed?               Full Time               Part Time               Unemployed

If you are employed, please provide the following information.

Name of Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Are you receiving public assistance?               Yes               No

Please check any of the income sources that apply to you.

- TANF                                       Food Stamps
- Work Wages                               SSI/SS
- WIA     Veterans Benefits
- Unemployment Assistance               Alimony
- Child Support                               Other: \_\_\_\_\_

**Annual Household Income**

- \$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



Please indicate your level of agreement with the following statements.

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
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: \_\_\_\_\_