



ACADEMIC ACHIEVERS PROGRAM

Student Support Services Application

An Opportunity to Change Your Future

ALL INFORMATION STATED ON THIS FORM WILL BE HELD IN STRICTEST CONFIDENCE BY THE PROJECT DIRECTOR AND COUNSELOR. PLEASE PLACE A CHECK (√) MARK IN ALL APPROPRIATE BLOCKS UNLESS ANOTHER RESPONSE IS INDICATED. IF A QUESTION DOES NOT APPLY TO YOU, COMPLETE THE BLANK WITH "N/A" (NOT APPLICABLE).

Last Name	First Name	MI	Social Security # _____
Permanent Home Address Street No. or R.D. Address			Date of Birth _____
City	State	Zip Code	Home Phone _____ Area Code _____
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			Cell Phone _____ Area Code _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F			Email Address _____

Ethnic Background: if more than one race, please check appropriate boxes

African American Asian
 White (Non-Hispanic) American Indian Hispanic or Latino Native Hawaiian or Pacific Islander

Which federal Programs have you previously participated: Upward Bound Educational Talent Search

If not listed, please give name of program _____

Do you need any special accommodations? Yes No (Note: This information is held in strictest confidence)

If yes, please explain _____

Family Background

Father's Full Name _____ E-mail Address _____

Mother's Full Name _____ E-mail Address _____

Parent(s)/Guardian Address _____

(Permanent address of the parent/guardian you don't live with) Street# City State Zip Code

Father/Guardian Telephone Number _____

(Home) (Work)

Mother/Guardian Telephone Number _____

(Home) (Work)

Job Title _____

Father's Mother's

I live with: Both parents Mother only Father only

Other (specify name and relationship) _____

Number of brothers _____ and sisters _____ currently supported by family income and currently lives in the house

Has either of your parents graduated from a four-year college and received a Bachelor of Arts (BA) or Bachelor of Science (BS) degree? Yes No

PLEASE READ: I understand that as a participant of the Academic Achievers Program, I will attend classes, participate in program activities (seminars, group sessions, tutoring, cultural enrichment programs) designed to help me achieve my goals and promote cultural growth. In addition, I give my permission to the Academic Achievers Program Director and Advisors to review any school records or transcripts that will aid in making an assessment of my academic program. I hereby further grant permission for the Financial Aid Office to release a copy or copies of Financial Aid information to the Academic Achievers Program. I understand that this form is necessary to establish eligibility for participation in the Program.

NOTE: ALL QUESTIONS MUST BE ANSWERED, FORM DATED, AND PROPERLY SIGNED BY THE STUDENT.



_____ (Student Signature)

_____ (Date)

DO NOT FILL IN BELOW - FOR OFFICE USE ONLY

FINANCIAL INFORMATION (To be completed by the **FINANCIAL AID OFFICE** only).

SAC Student ID Number _____

Has student been awarded Financial Aid for the Year for which applied? _____ Yes _____ No

If yes, state the amount. \$ _____ Federal College Work Study
\$ _____ Federal Pell Grant
\$ _____ NC Need Base Grant
\$ _____ Federal SEOG
\$ _____ Federal Academic Competiveness Grant
\$ _____ Federal Perkins Loan
\$ _____ Federal Direct Stafford Loan
\$ _____ Federal Direct Unsubsidized Loan
\$ _____ Federal Direct Plus

Scholarships --- \$ _____ Name _____
\$ _____ Name _____
\$ _____ Other _____

Taxable Family Income \$ _____ **Family Size** _____

Is student listed as a dependent on family income? Yes No

Does this aid package represent 100% of the amount determined by the student's need analysis? If not, what percentage of the need does this amount represent? _____

Financial Aid Officer/Designee

Date

ACCEPTANCE CRITERIA

Date Student Officially Accepted into Academic Achievers Program _____

LI FG LI, FG H

AN Based on: HS – GPA _____ HS – Grades _____ SAC- GPA _____
 ACT score _____ SAT score _____ Verbal _____ Math _____

Reason(s) for non-acceptance of application:

- | | |
|---|---|
| <input type="checkbox"/> 1. Did not meet all necessary criteria for acceptance | <input type="checkbox"/> 4. Application received after required number was attained |
| <input type="checkbox"/> 2. Met one or more criteria for acceptance but space not available | <input type="checkbox"/> 5. Application not complete |
| <input type="checkbox"/> 3. Student qualifies for Program but declined invitation | <input type="checkbox"/> 6. Financial Aid information unsubstantiated to date |