

*** FINANCIAL NEED**

To be eligible for admission, your household taxable income cannot exceed the levels shown in the table. For households with more than eight members, add \$6,240 for each additional family member.

Number in Household	Taxable Income
1	\$17,655 <input type="checkbox"/>
2	\$23,895 <input type="checkbox"/>
3	\$30,135 <input type="checkbox"/>
4	\$36,375 <input type="checkbox"/>
5	\$42,615 <input type="checkbox"/>
6	\$48,855 <input type="checkbox"/>
7	\$55,095 <input type="checkbox"/>
8	\$61,335 <input type="checkbox"/>

Do you receive	Yes	No	If YES \$ Amt. Received
PELL	<input type="checkbox"/>	<input type="checkbox"/>	
TAP	<input type="checkbox"/>	<input type="checkbox"/>	
FWS	<input type="checkbox"/>	<input type="checkbox"/>	
FSEOG	<input type="checkbox"/>	<input type="checkbox"/>	
Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	
Loans	<input type="checkbox"/>	<input type="checkbox"/>	
No Fin. Aid (Reason) _____			

*** OTHER INFORMATION**

1. Have you been enrolled in a TRIO (Upward Bound, Gear UP, SSSP, and Talent Search) Program before? Yes No
2. Would you like to volunteer as a Peer Mentor Researcher Tutor ?

*** INFORMATION FOR ACADEMIC SUPPORT**

Courses Registered in Fall 2015 _____

Need Tutoring in Courses _____

Are you receiving tutoring &/ or have you been tutored in the: GSOE Science Division Math Department
 Writing Center Other

Please write a paragraph explaining why you want to join the Student Support Services Program at City College. Make a note of the special talents you have and can use at SSSP. Please include the services you want to receive.

**Required Field*

Long-term Goal after graduation from CCNY?

What college major (s) do you believe will help you achieve your long-term goal?

What do you expect academically, personally and socially to achieve, in terms of your long-term goal

In two years: _____

In four years: _____

In six years: _____

In ten years: _____

STUDENT SIGNATURE: _____

DATE: _____

**Required Field*

OFFICE USE ONLY:

First Semester Freshman _____ Continuing _____ Transfer _____

Counselor Name: _____ Mentor Name: _____ Code Date: _____

Need Tutoring in: _____

Eligibility _____

¹Academic Need _____

Entry Grade Level _____ Student Cohort Year_2015-16 _____ Enrollment Status _____

First Enrollment Date at CCNY _____ Date of First Project Service _____

Amount of Financial Aid Received \$ _____

PELL: Amount Received \$ _____

Unmet Need: \$ _____

Director's Signature: _____

Date: _____

ELIGIBILITY CODES:

1=Low Income and First Generation 2=Low Income Only 3=First Generation only 4=Disabled
5=Disabled and Low Income

¹ACADEMIC NEED CODES:

1 = Low High ^{School} Grades 2 = Low admission test scores 5 = Predictive indicator
6 = Academic Proficiency tests 7 = Low college grades 8 = High school equivalency (GED)
9 = Failing Grades 10 = Out of the academic pipeline for 5 or more years
11 = Other (Predictive Indicator) 12 = Limited English Proficiency
13 = Lack of educational and/or career goals 14 = Lack of academic preparedness for college level course work

COLLEGE GRADE LEVEL CODES: 1=1st year never attended, 2-1st year attended before, 3- 2nd year/sophomore, 4=3rd year/junior, 5=4th year/senior, 6= 5th year/other undergraduate

ENROLLMENT STATUS CODES in an academic year: 1=Full-time (at least 24 credits), 2=3/4 time (at least 18 credit hours), 3=1/2 time (at least 12 credit hours), 4=less than 1/2 time (fewer than 12 credit hours)

STUDENT COHORT YEAR CODE: 16=2015-16

**Required Field*