

ACCESS/FIRST STEP APPLICATION

Date rec'd _____

Levelland Campus
Counseling Center
South Plains College
1401 S. College Ave
Levelland, TX 79336
(806) 894-9611 ext 2563
Lisa Cleveland

Reese Center
819 Gilbert Dr. Rm 813
Lubbock, TX 79416
(806) 885-3048 ext 4615
Lynn Gregory

Application Deadlines:
End of Second full week of July for Fall
Friday before Thanksgiving for Spring
Friday after Easter for both summer terms*

_____ Date: _____
Last Name First Name Middle Initial

SPC Student Id Number (Not Admissions & Records PIN Number): _____

Date of Birth _____ Male/Female _____

Street Address: _____

City/ State / Zip: _____

E-mail Address: _____

Phone #'s: Home: () _____ Cell:() _____ Work: () _____

1. Assistance requested:
_____ Books
_____ Child Care
_____ Gas Reimbursement (check only if you live 30 or more miles from campus)

We also offer a parenting support group and newsletter, referrals to community and campus resources including advising/career counseling and personal/social issues.

2. Are you currently enrolled at SPC? _____ If yes, date entered _____

If no, planned entry date _____

At what campus do you take most of your classes? _____ Reese _____ Levelland
_____ Plainview _____ Byron Martin ATC

3. Major or desired major (no abbreviations please): _____

Nursing: _____ LVN _____ ADN Pre-Nursing: _____LVN _____ADN _____ RN

If Allied Health, have you been accepted? _____

4. Ethnic Group:
_____ White, Non-Hispanic _____ Hispanic _____ Native American
_____ Black, Non-Hispanic _____ Asian _____ Foreign (F-1 Visa)
_____ Other

5. Marital Status/Living Arrangements (check all that apply):
_____ Single _____ Married, Spouse absent
_____ Separated, date: _____ Married, spouse present
_____ Divorced, date: _____ Live with parents
_____ Widowed, date: _____ Live with room-mate

6. Have you previously received assistance from the First Step Program? _____

7. Are you currently expecting a child? Due date: _____

List below, names and ages of ALL children.

Name Age Sex Date of Birth Time/Day Care Needed

1. _____
2. _____
3. _____
4. _____

Do you have legal custody of all children listed above? _____

8. Name of current or prospective child care agency:

Name _____

Address _____

City _____ State _____ Zip _____

9. Have you ever worked outside the home on a full-time basis? _____

10. Employment History: Include current and previous positions.

Employer

Job Title

Dates of Employment

Employer	Job Title	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Do you believe you are over-qualified for your present job? _____

12. Have you experienced a decrease in salary within the past five (5) years?

Yes _____ No _____ If so, please explain. _____

13. Education completed: Please check highest level or grade completed.

_____ 1-8 _____ 9-11 _____ High School Graduate _____ GED _____ College

Institution and dates attended _____

Degree/Certificate _____

14. Emergency contact information: Outside of your home

Name _____ Phone No. (____) _____

Address _____

City _____ State _____ Zip _____

15. How did you find out about the Special Services/First Step Program?

_____ Television _____ Newspaper _____ Radio _____ Friend/Relative
_____ Local Agency _____ Church _____ "Go For It" Seminar _____ Other _____

Comments or unusual circumstances: _____

****NOTE****

THIS PAGE MUST BE COMPLETED IN ORDER TO BE ELIGIBLE FOR ASSISTANCE THROUGH THE SPECIAL SERVICES/FIRST STEP OFFICE.

FINANCIAL DISCLOSURE

<u>MONTHLY INCOME (after taxes)</u>	<u>MONTHLY EXPENSES</u>
<u>All household members</u>	Rent/Mortgage _____
Salary: Self _____	Food (exclude food _____
Salary: Other _____	Stamps) _____
Work Study _____	Utilities _____
Parental Help _____	Clothing _____
Social Security _____	Telephone _____
VA/GA Benefits _____	Medical/Dental _____
TANF _____	Automobile (gas _____
Child Support _____	Insurance) _____
Housing _____	Car Payment _____
Food Stamps (_____) _____	(yr. Model) _____
Unemployment _____	Child Care _____
Worker's Comp _____	Insurance (home, _____
Other, specify _____	Life, health) _____
TOTAL (Excluding _____	Loan/Charges _____
food stamps) _____	Other, specify _____
	TOTAL _____

Employer or source of other income: _____
Relationship to applicant: (spouse, roommate, etc.) _____

<u>OTHER ASSISTANCE</u>	<u>Applied for</u>	<u>Received</u>	<u>Amount receiving, if known</u>
<u>PELL GRANT</u>	_____	_____	_____
<u>SCHOLARSHIPS</u>	_____	_____	_____
<u>STUDENT LOAN</u>	_____	_____	_____
<u>TRC</u>	_____	_____	_____
<u>TX WORKFORCE</u>	_____	_____	_____
<u>OTHER</u>	_____	_____	_____

SOCIAL SECURITY NUMBER _____ (see note below)

**** Your social security number is needed to verify federal financial aid and other income based aid. If you do not provide your social security number and we are unable to verify your financial disclosure, you will not be eligible for assistance through the First Step program. This information will be kept confidential and will not be released from your Special Service file.**

I certify that all information on this application is complete and accurate and that I will be a part-time or full-time student in a vocational/technical program at SPC. I will provide an official birth certificate(s) for child(ren) and any other documentation necessary to verify the information on this form. Any discrepancies or inaccuracies may result in cancellation of services. I understand that I must re-apply for services EVERY semester.

Student's Signature _____ Date _____