



Northwest Indian College

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Student Support Services
2522 Kwina Rd, Bellingham, WA 98226
(360) 392-4335 Toll free: 1-866-676-2772 ext. 4335 Fax: (360) 752-1627

2008 Student Support Services APPLICATION

Cohort Year: _____
Fiscal Year: _____
Student ID#: _____

Name

_____ Last First Middle Jr., etc.

Mailing Address

_____ Number and Street Apartment Number

_____ City State Zip

Telephone () _____ Email _____

Social Security Number _____ - _____ - _____ Birth Date ____/____/____ Gender M F

High School/GED Graduate? No Yes Last College Attended (if any) _____

US Citizen? No Yes If no, permanent resident? No Yes Veteran? No Yes

Any Known Disabilities? No Yes _____ (Please provide documentation)

Ethnicity: Native American/Alaska Native - Tribe _____ Hispanic Caucasian
 African American Asian/Pacific Islander Multi-Ethnic - Specify _____

Marital Status: Single Married Divorced Separated

Living Independently? (Living outside of parent or guardian's home) No Yes Number in household _____

Amount of current annual family taxable income \$ _____ For the tax Year 20 _____

Please include Public Assistance, TANF, Social Security, Child Support or Other. Do not include Treaty Fishing Income

Father/Guardian Name _____ Has a 4 year college degree? No Yes

Mother/Guardian Name _____ Has a 4 year college degree? No Yes

I certify that the information provided on this form and any attachments is true and accurate to the best of my knowledge. I hereby give permission for all information related to my academic record and account to be released to the Student Support Services for the purposes of providing services.

I have received, read, and agree to abide by the NWIC Drug and Alcohol Free Policy and Student Conduct Policy.

Student Signature _____ Date ____/____/____

Staff Signature _____ Date ____/____/____

Parent Signature _____ Date ____/____/____

Required if student status is dependant or if under 24 years old

Official Use Only

Potential: First Generation Low Income Disability _____

Director's Signature _____ Date Reviewed ____/____/____

Continuing participant _____ Updated application _____

Student Plan

Please check what services you would like to receive from your advisors

Counseling

- Monitoring academic progress
- One on one academic counseling
- Assistance with scholarship applications
- Cultural Education Trips

Tutoring

- Reading
- Math
- Writing
- Assistance with other classes

Workshops

- | | | |
|--|--|--|
| <input type="checkbox"/> Taking Good Notes | <input type="checkbox"/> Peer/Social Relationships | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Surfing the Net | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Study Abroad | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Test Anxiety | <input type="checkbox"/> Other _____ | |

Academic Needs Assessment

Education Motivation

(Circle true or false and/or check)

- | | |
|---|--|
| I know how to take good notes in class T F | <input type="checkbox"/> I have trouble reading college level textbooks |
| I spend 2 hours studying for every 1 hour I am in class T F | <input type="checkbox"/> I have trouble taking notes from lectures |
| I study in the library on a regular basis T F | <input type="checkbox"/> I would like to improve my grammar |
| I study at home T F | <input type="checkbox"/> I am uncomfortable asking questions in class |
| I must have quiet when I study T F | <input type="checkbox"/> I learn best by doing |
| I read my textbooks T F | <input type="checkbox"/> I learn best by listening |
| I prepare for class ahead of time T F | <input type="checkbox"/> I learn best by watching |
| I read over my notes after class T F | <input type="checkbox"/> I am able to research and organize a term paper |
| I finish assignments on time T F | <input type="checkbox"/> I have difficulty writing papers |
| I have a goal to do well in college T F | <input type="checkbox"/> I know when it is time to get help in class |
| I accept responsibility for doing well in college T F | <input type="checkbox"/> I am uncomfortable asking for tutoring |
| It is up to my instructors whether or not I will learn in class T F | <input type="checkbox"/> I usually get someone to help me in class |
| Good grades are a matter of luck and timing T F | <input type="checkbox"/> I understand what I read |
| When a subject is hard for me, I study the easy parts T F | <input type="checkbox"/> I would like to increase my vocabulary |
| I frequently wonder if school is really worthwhile for me T F | <input type="checkbox"/> I have math anxiety |
| | <input type="checkbox"/> I have test anxiety |
| | <input type="checkbox"/> I use a calendar to keep track of exams and quizzes |
| | <input type="checkbox"/> I read my syllabus for each class |
| | <input type="checkbox"/> I have difficulty concentrating |

CONTRACT

I understand that I will be assigned a counselor and a peer mentor and may receive tutoring, counseling study skills help, academic pro- advising, peer support, and various other support workshops. I am aware that I am required to complete an update from each quarter to en- sure that my file remains current and determine the nature of the services I need.

I understand that I will, meet with a staff member a minimum of two times during the quarter, and attend a minimum of one study skills workshop and/or cultural education trip per quarter. If I am on academic probation I agree to have contact with Student Services at least two times a month in order to develop a plan to improve my academic standing.

- A. Check all that apply:** Over 24 years of age Both parents deceased
 Armed forces veteran Ward of the state Single: ___ Married:

If you have dependent children (answer all that apply): How many children? _____
Are you a single parent? _____ Do you receive TANF or MFIP-S? _____

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