



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

2009 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: <input type="checkbox"/> First Generation <input type="checkbox"/> Low Income <input type="checkbox"/> Disability _____	
Director's Signature _____	Date Reviewed ____/____/____

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

- Taking Good Notes, Budgeting, Stress Management, Test Anxiety, Peer/Social Relationships, Surfing the Net, Study Abroad, Other, Time Management, Study Skills, Computer Skills

Academic Needs Assessment

Education Motivation

(Circle true or false and/or check)

- I know how to take good notes in class T F
I spend 2 hours studying for every 1 hour I am in class T F
I study in the library on a regular basis T F
I study at home T F
I must have quiet when I study T F
I read my textbooks T F
I prepare for class ahead of time T F
I read over my notes after class T F
I finish assignments on time T F
I have a goal to do well in college T F
I accept responsibility for doing well in college T F
It is up to my instructors whether or not I will learn in class T F
Good grades are a matter of luck and timing T F
When a subject is hard for me, I study the easy parts T F
I frequently wonder in school is really worthwhile for me T F

- I have trouble reading college level textbooks
I have trouble taking notes from lectures
I would like to improve my grammar
I am uncomfortable asking questions in class
I learn best by doing
I learn best by listening
I learn best by watching
I am able to research and organize a term paper
I have difficulty writing papers
I know when it is time to get help in class
I am uncomfortable asking for tutoring
I usually get someone to help me in class
I understand what I read
I would like to increase my vocabulary
I have math anxiety
I have test anxiety
I use a calendar to keep track of exams and quizzes
I read my syllabus for each class
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 pre-advising, peer support, and various other support workshops. I am aware that I am required to complete an update from each quarter to ensure 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.

I hereby give permission for Student Services staff to disclose and receive information concerning the nature of my Student Services eligibility and information concerning my academic progress on an as-needed basis with the appropriate faculty and staff at Northwest Indian College. I also give Student Services staff permission to view and receive any and all financial aid information from the Financial Aid Office. My signature signifies that I have read and understood this contract

Student Signature _____ Date _____

Advisor Signature _____ Date _____