



Success Through Academic Resources

SOUTH PLAINS COLLEGE

STUDENT MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY: Campus attending: Levelland Reese Plainview Lubbock Center

Date Accepted: _____ Date Denied: _____ Waiting List: _____

Eligibility: _____ F/A Need: _____ F/A Awarded: _____ Unmet Need: _____

Enroll Date: _____ Classification: _____ GPA: _____

Last Name: _____ First Name: _____ MI: _____

Social Security #: _____ SPC ID #: _____

Date of Birth: _____ E-Mail: _____

Local Address: _____ City/ State/ Zip: _____

Permanent Address: _____ City/ State/ Zip: _____

Phone Number: Home: _____ Cell: _____

Ethnic Origin: African American American Indian/Alaskan Hispanic/Latino(a) Caucasian
 Native Hawaiian/Pacific Islander Asian Other _____

Gender: Female Male Citizenship: USA Permanent Resident

If other than United States indicate visa type and Resident Alien No. _____

Marital Status: Single Married Separated Divorced Widow/Widower

Referred to STAR Center by: Friend Family member Counselor Faculty Member

Office of Special Services DARS New Student Orientation Other _____

High Graduate: Yes No GED: Yes No

New College Student: Yes No Continuing SPC Student: Yes No

First enrollment at South Plains College: Semester/Year: _____

Transfer Student? Yes No If a transfer student, list previous colleges/universities: _____

Major: _____

Classification: Freshman Sophomore

Current Enrollment: Full time (12 hrs. or more) ¾ Time (9-11 hrs.) ½ Time (6-8 hrs.)
 Less than ½ time (5 hrs. or less)

Academic Probation: Yes No Academic Suspension: Yes No

Passed all sections of TSI: Yes No

If not, section(s) not passed: Math Reading Writing

Educational Goals: (Check all that apply)

Certificate Associate's Degree Bachelor's Degree Master's Degree PhD Don't Know

Please list any/all 4-year colleges/universities you are considering: _____

Please check the appropriate program(s), if you have ever been a participant in any of the following:

Upward Bound Talent Search Educational Opportunity Center Student Support Services

At which high school or college did you participate in any of the above programs _____

Veteran: Yes No If yes, military branch: _____

Active Military/Reservist: Yes No If yes, military branch _____

Eligibility Verification

What is the Highest Level of Education Completed by your:

Father: Grade School Jr. High High School Associate's Bachelor's Graduate/Doctoral
Mother: Grade School Jr. High High School Associate's Bachelor's Graduate/Doctoral
Guardian: Grade School Jr. High High School Associate's Bachelor's Graduate/Doctoral

_____ (Student Initials) According to the information above (less than Bachelor's degree for either parent, I declare that I am a first-generation college student.

.....

Section A: to be completed by DEPENDENT Students only. Students are considered dependent if (1) under age of 25, (2) unmarried, or (3) have no children.If your parents filed a tax return last year, what was their **Taxable Income?** \$ _____If you filed a tax return last year – what was your **Taxable Income?** \$ _____**Include a copy of your Parent's Tax Return with signature. Taxable income is found on Tax forms 1040EZ line 6, 1040A line 27, and 1040 line 43.**

Number of people living in your household: _____

Did you apply for financial aid for the current year? Yes No

What type of financial assistance are you currently (or planning) receiving:

 Scholarship Grant Loan Work-study DARS/TRC Veteran's No Assistance Other

By signing below, I certify that the above financial information is accurate to the best of my knowledge.

Signature_____
Date**Section B: To be completed by INDEPENDENT Students only. Students are considered independent if (1) over the age of 25, (2) married, or (3) have children.**If you filed a tax return last year – what was your **Taxable Income?** \$ _____**Include a copy of your Tax Return with signature. Taxable income is found on Tax forms 1040EZ line 6, 1040A line 27, and 1040 line 43.**

Number of people in your household: _____

Are you (the student) a single parent? Yes No If you answered Yes: How many children do you have? _____

What are their ages: _____

Did you apply for financial aid for the current year? Yes No

What type of financial assistance are you currently (or planning) receiving:

 Scholarship Grant Loan Work-study DARS/TRC Veteran's No Assistance Other

By signing below, I certify that the above financial information is accurate to the best of my knowledge.

Signature_____
DateDo you have a documented disability? No Yes If yes, what type of disability do you have?

_____Is your documentation on file with? Office of Special Services and/or TRC/DARS

(If you have a documented disability, but have not yet filed your documentation with either of these offices you will need to do so before we can verify your eligibility for services based on this requirement.)

Please select the services that may interest and/or benefit you (may check more than one).

ADVISING/COUNSELING

- Academic Advising/ Degree Planning
- Financial Aid Application Assistance
- Career Advising
- Personal Counseling
- Scholarship Searches

TRANSFERRING

- College Visits
- 4-Year College/University Information
- College Application Assistance

TUTORING

- Writing
- Reading
- Mathematics
- Science
- History/Government
- Social Science
- Computer
- Study Skills
- Other _____

Explain your reasons for applying to the South Plains College STAR Center – SSS Program:

Educational Motivation/Academic Concerns

Check true or false for the following questions:

- | | |
|---|--|
| I read my syllabus for each class. <input type="checkbox"/> T <input type="checkbox"/> F | I accept responsibility for doing well in college. <input type="checkbox"/> T <input type="checkbox"/> F |
| I prepare for class ahead of time. <input type="checkbox"/> T <input type="checkbox"/> F | I read my textbooks. <input type="checkbox"/> T <input type="checkbox"/> F |
| I have difficulty concentrating. <input type="checkbox"/> T <input type="checkbox"/> F | I don't understand what I read. <input type="checkbox"/> T <input type="checkbox"/> F |
| I know how to take good notes. <input type="checkbox"/> T <input type="checkbox"/> F | I have set a goal to do well in college. <input type="checkbox"/> T <input type="checkbox"/> F |
| I have trouble taking notes from lectures. <input type="checkbox"/> T <input type="checkbox"/> F | I am able to research and organize a term paper. <input type="checkbox"/> T <input type="checkbox"/> F |
| I go over my notes after class. <input type="checkbox"/> T <input type="checkbox"/> F | I have difficulty writing papers. <input type="checkbox"/> T <input type="checkbox"/> F |
| I spend 2 hours studying for every hour I sit in class each week. <input type="checkbox"/> T <input type="checkbox"/> F | I have test anxiety. <input type="checkbox"/> T <input type="checkbox"/> F |
| I study in the library on a regular basis. <input type="checkbox"/> T <input type="checkbox"/> F | I have math anxiety. <input type="checkbox"/> T <input type="checkbox"/> F |
| I finish assignments on time. <input type="checkbox"/> T <input type="checkbox"/> F | I am uncomfortable asking questions in class. <input type="checkbox"/> T <input type="checkbox"/> F |
| I use a planner to keep track of assignments and exams. <input type="checkbox"/> T <input type="checkbox"/> F | I am uncomfortable talking to my professors. <input type="checkbox"/> T <input type="checkbox"/> F |

Please read and sign the following statements:

I certify that the information provided on this application is true and complete to the best of my knowledge.

Signature _____

Date _____

I give the SPC STAR Center/TRIO Student Support Services Program permission to access my academic and financial transcripts to verify the information contained in this application and to track my academic progress. I understand that this information will be protected under the Federal Educational Rights & Privacy Act (FERPA) of 1974. No one will have access to the information unless they work with or for the STAR Center. The STAR Center program staff has permission to communicate verbally or otherwise with staff, faculty, and/or off-campus professionals on my behalf.

Signature _____

Date _____

**Please return this application to the STAR Center, located 3rd floor of Library, Room 319 or mail to:
South Plains College STAR Center, 1401 S. College Ave., Box 173, Levelland, Texas 79336**

Non-Discrimination Policy Statement:

South Plains College does not discriminate on the basis of race, color, national origin, sex. Disability or age in its programs and activities.
