ATHENS TECHNICAL COLLEGE

Student Support Services

Special Populations & Lending Library Application

In order to determine appropriate services, please complete this needs assessment fully and honestly. Responses will be used to develop an individual support plan with the aim of fostering your success in your educational endeavors.

Name: _____

Student ID #: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Gender: _____ Race: _____

Marital Status: ___ Never Married ___ Married ___ Divorced ___ Separated ___ Widowed

Please check any that apply to your particular situation.

_____ Single Parent _____ Displaced Homemaker

_____ Single Pregnant Woman _____ English as a Second Language

_____ Non-Traditional Student (as defined by TCSG)

Educational Background

Please check the highest level of education you have attained.

_____ High School Diploma _____ GED

_____ Some College _____ College Graduate

If you graduated from college, what degree did you earn? _____

Are you a first generation college student? _____ Yes _____ No

Financial Aid

Please check any of the following forms of financial assistance you are receiving to attend Athens Technical College.

_____ Pell Grant _____ WIA _____ Work Study Position

_____ Veterans Benefits _____ Voc Rehab _____ HOPE Grant/Scholarship

Personal Income

Are you employed? _____ Full Time _____ Part Time _____ Unemployed

If you are employed, please provide the following information.

Name of Employer: _____

Position Title: _____

Are you receiving public assistance? _____ Yes _____ No

Please check any of the income sources that apply to you.

_____ TANF _____ Food Stamps

_____ Work Wages _____ SSI/SS

_____ WIA _____ Veterans Benefits

_____ Unemployment Assistance _____ Alimony

_____ Child Support _____ Other: _____

Annual Household Income

_____ $0 – 4,999 _____ $20,000 – 24,999

_____ $5,000 – 9,999 _____ $25,000 – 29,999

_____ $10,000 – 14,999 _____ $30,000 – 34,999

_____ $15,000 – 19,999 _____ $35,000 or more

Personal Situation

If you have children, how many? _____ How many children live with you? _____

If you have children, do you have sufficient childcare arrangements that will allow you to attend college without interruption? _____ Yes _____ No

How many people live in your household? _____

Of those individuals, for how many are you the primary caretaker? _____

Housing Status

_____ Rent my home

_____ Own my home

_____ Housing provided by relative/friend

_____ Reside in public housing

_____Reside in Section 8 housing

_____ Homeless

What, if any, barriers do you anticipate to being successful in college?

What, if any, support do you think you need in order to be successful in college?

Please indicate your level of agreement with the following statements.

	Strongly Agree	*Agree*	*Neutral*	*Disagree*	*Strongly Disagree*
My family members are supportive of my educational endeavors.					
My family will be able to assist me in making my educational endeavors a priority.					
My family life may prevent me from making my education a priority.					
I worry that my health may affect my ability to be successful in college.					
I am generally in good health and able to function with typical daily tasks.					
I or those around me worry that my use of alcohol and/or drugs may affect my ability to be successful in college.					
My use of alcohol and/or drugs can sometimes be excessive.					
I have in the past or am currently getting treatment for the use of alcohol and/or drugs.					
My relationships with friends and family members are healthy.					
I have in the past or am currently struggling with mental illness.					
My romantic relationship(s) are healthy and supportive of me as a person.					
I have reliable and consistent transportation to attend college.					
I will frequently or always be using public transportation to attend college.					
I have difficulty paying all of my bills on time.					

I have completed this assessment to the best of my ability and with honest information.

Signature: _____ Date: _____