

**For Office Use Only**

Elig. Code \_\_\_\_\_  
Cohort \_\_\_\_\_  
Re-Entry? \_\_\_\_\_  
Staff \_\_\_\_\_



Date: \_\_\_\_\_

**RANDOLPH COMMUNITY COLLEGE**

**ELIGIBILITY APPLICATION**

Please provide accurate information as requested so that we can determine your eligibility for services, including tutoring, advising, and usage of other resources.

**PLEASE PRINT LEGIBLY in BLACK or BLUE INK**

**PART I: IDENTIFYING INFORMATION:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Any Other Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**PART II: DEMOGRAPHIC DATA**

**Gender: (Check One)**      **Marital status**      **Responsible for Home/Children**      **Living w/Parents**  
 Male                       Single, Widowed, Divorced                       Yes                       Yes  
 Female                       Married                       Separated                       No                       No

**ETHNICITY GROUP:**

White, Non-Hispanic       African-American, Non-Hispanic       Other       U S Citizen  
 Native American/Alaskan Native       Hispanic       Asian/Pacific Islander       Not U S Citizen:

Your Status \_\_\_\_\_

**PART III: EDUCATIONAL INFORMATION**

High School Status:     Graduated (Public/Private/Home School)     GED     Adult High School Diploma  
Name of Last High School Attended \_\_\_\_\_  
Current Enrollment Status:  Full Time     Part Time      Major/RCC Program: \_\_\_\_\_

**Educational Objective**

Certificate                       Associate Degree                       Undecided  
 Diploma                       Transfer to 4-yr college/university                       Special Student

**PART IV: FINANCIAL/EMPLOYMENT INFORMATION**

Household Size (including self): \_\_\_\_\_ Are you     Independent?                       Dependent?

Annual household income (last year's taxes and/or \*other sources of income)  
\$ \_\_\_\_\_ (Student)                      \$ \_\_\_\_\_ (Parent/Spouse)

**OVER →**

\*Other sources of income:  AFDC  Child Support  Social Security  VA Benefits  NAFTA  TAA  
 WIA

Financial Aid Status:  Applied  Awarded/Received  Need to Apply  No Need to Apply

Agencies with whom you are working with:  ESC  Joblink  Services of the Blind  Voc. Rehab

Employment Status:  Employed Full-time (min. 40 hrs. per week)  Not Employed at this time  
 Employed Part-time (less than 40 hrs. per week)

Place of Employment: \_\_\_\_\_

**PART V: PARENTAL INFORMATION**

**Educational Level**

Father:

- Not A High School Graduate
- High School Graduate/GED/AHS
- Some college or Associate's Degree
- Bachelor's Degree & Higher
- Unknown

Mother:

- Not A High school Graduate
- High School Graduate/GED/AHS
- Some College or Associate's Degree
- Bachelor's Degree & Higher
- Unknown

For a bachelor degree & higher, please name the college/university attended.

\_\_\_\_\_

**PART VI: PERSONAL INFORMATION**

Do you have any impairment, disability, or other condition, which may require services or accommodations in order for you to have good academic success?  Yes  No

If yes, has documentation related to the disability or impairment been submitted to the Disability Coordinator at Randolph Community College?  Yes  No

If you think you might have a disability, impairment or condition that requires special services or an accommodation that has not been diagnosed, please list or share your concerns.

\_\_\_\_\_  
\_\_\_\_\_

Is English your native language?  Yes  No

Do you experience any difficulty speaking, writing, or understanding the English language?  
 Yes  No

If yes, please describe: \_\_\_\_\_

I understand that the above information I've shared will help ensure that Student Support Services is complying with federal regulations governing funding for this program. I certify that all of the information is correct. Further, I give Student Support Services permission to receive copies of my records from the Admissions Office, Financial Aid Office, and the Registrar's Office.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY

Comments:  
\_\_\_\_\_  
\_\_\_\_\_