



CONFIDENTIAL APPLICATION

Please Print **CLEARLY!**

Name: _____ Date: _____
(Last) (First) (MI)

Address: _____
(Number & Street) (City) (State) (Zip)

Phone: (_____) _____ SS#: _____ - _____ - _____ Student ID # N _____

Cell Phone: (_____) _____ May we send texts to this cell phone? Yes No

MPTC Email: _____

Gender: F M Date of Birth ____/____/____ Primary Campus: BD FDL WB

-- PLEASE ANSWER THE FOLLOWING QUESTIONS --

(Question #1 is voluntary; all others must be answered)

1. a. Do you identify yourself as being of Hispanic origin? Yes No

b. Please check all ethnic backgrounds you identify with: Native American/Native Alaskan Asian White
 Black or African-American Native Hawaiian/other Pacific Islander Other _____

2. Citizenship: US Citizen Permanent Resident Other _____

3. You graduated from High School _____ (year) or earned a GED _____ (year) or Neither

4. Other college(s) you have attended: _____

5. Did either of your parents earn a bachelor's degree (BS/BA) from a college/university? Yes No

6. Is English your first language? Yes No – If no, what language? _____

7. Do you have a documented disability? Yes No – If yes, please describe _____

If you are registered with the Disability Resource Center (DRC), your signature authorizes the collaboration of services and information with the DRC and the Student Support Services (SSS) that relates to the academic, financial, social and health needs of the aforementioned student during the time that the student is enrolled in SSS.

8. Marital status: Married/Partnered Single

9. Number of children and other dependents (do not include children you do not support): _____

10. What was your family's taxable income last year? (If unknown we can help determine this) _____

11. a. Are you receiving financial aid through MPTC? Yes No Will be

b. Have you filled out the FAFSA? Yes No

12. How are you planning on financing your college education? _____

Application continues on back

Office use only Date Received _____

FG _____ LI _____ D _____

-- CHECK THOSE AREAS IN WHICH YOU BELIEVE YOU WOULD LIKE ASSISTANCE --

- | | |
|--|--|
| <input type="checkbox"/> Improving study skills | <input type="checkbox"/> Exploring financial aid options |
| <input type="checkbox"/> Tutoring/academic improvement | <input type="checkbox"/> Adjusting to college |
| <input type="checkbox"/> Dealing with stress/time management | <input type="checkbox"/> Dealing with personal problems |
| <input type="checkbox"/> Academic advising/selecting classes | <input type="checkbox"/> Clarification of goals/career exploration |
| <input type="checkbox"/> Fear of failing | |

Other: _____

How did you hear about the SSS program? _____

Are you planning on earning: an associate's degree a technical diploma a certificate (check all that apply)

If you checked any boxes, what degree, diploma, and/or certificate? _____

Are you planning on transferring to a 4 year institution? Yes No Not Sure

Briefly, why is attending college important to you and what are your educational goals? (More than three words please)

Under penalty of perjury I certify that, to the best of my knowledge, the information I provided on this application is true and correct. I authorize any and all staff of the MPTC EDGE Program to obtain, copy and/or review my records, past, current, or future. I also authorize EDGE staff to discuss my academic and personal needs with other MPTC college staff. I understand all prospective students must meet specific federal eligibility requirements to be considered for the program.
(Please sign and date your application before returning it.)

Applicant's Signature _____ Date _____

EDGE/SSS Program Director's Signature _____ Date _____

Once you have completed this application, please return it to the EDGE Program office located in A-102, or to Student Services on any of the three campuses.

EDGE Program
Moraine Park Technical College
235 N. National Avenue
Fond du Lac, WI 54935
Telephone: 920-924-3165
Email: sssprogram@morainepark.edu

PLEASE DO NOT HESITATE TO CONTACT US FOR ASSISTANCE IN COMPLETING YOUR APPLICATION!!!!

The SSS program is a United States Department of Education TRIO/Student Support Services (SSS) program and is partially funded with federal monies of approximately \$220,000 for academic years 2015-20.

All services to participating students are provided at no cost to them.