



LAKE MICHIGAN COLLEGE
STUDENT SUPPORT SERVICES
PROGRAM APPLICATION

Recd: _____
Appt: _____
Time: _____
Campus: _____

All information will be kept confidential.
Academic and Financial Aid information will be reviewed to make a decision on your application.

Social Security #: _____ Student LMC ID#: _____ Date of Birth: ___/___/___
First Name: _____ Last Name: _____ M.I. ___ [] Female [] Male
Address: _____ City: _____ State: ___ Zip: _____
Home Phone: _____ Cell: _____ Work: _____
Education Plan: (Major) _____

Do you plan to transfer to a 4-year college? [] Yes [] No If yes, which Institution? _____

I am:
A U.S. Citizen or Permanent Resident? [] Yes [] No
(If you are a Permanent Resident, please provide a copy of your Permanent Resident card with this application.)

Currently enrolled at LMC? [] Yes [] No If no, semester and year you plan to enroll? ___/___

A current TRiO participant? [] Yes [] No
If yes, which TRiO program?
[] Upward Bound [] Talent Search [] EOC (Educational Opportunity Center) [] SSS

Have you applied for Financial Aid? [] Yes [] No
If yes, are you receiving Financial Aid? [] Yes [] No

Did either of your parents graduate from a four-year college or university? [] Yes [] No
If yes, which parent(s)? [] Mother Name of college or university? _____
[] Father Name of college or university? _____

I am requesting SSS assistance in the following area(s):

- [] Academic Advising [] Time Management/Notetaking/Study Skills
[] Assistance completing Financial Aid forms [] Test Taking Strategies/Test Anxiety/Managing Stress
[] Scholarship Search/Application [] Computer Skills
[] Transfer Planning/Campus Visits [] Writing Skills
[] Career Planning/Resume Writing [] Math Skills (specify course) _____
[] Budgeting/Credit/Debt/Money Management [] Science Skills (specify course) _____
[] Motivation/Goal Setting/Critical Thinking [] Tutoring (specify course) _____

The SSS program requests that students with a documented disability provide disability information.
However, disclosure of any disability is optional:

Do you have a physical or learning disability? [] Yes [] No
If yes, what is your disability? _____

Are you enrolled with the LMC Student Resource Center – Disability Services program? [] Yes [] No

Please turn this page over to complete and sign the Student Support Services Program Application.

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1. How did you learn about Student Support Services? _____

2. Please share your reason(s) for pursuing a college education and how you believe the SSS program will assist you in achieving your academic goals (*attach additional page if needed*).

Read before signing.

I give permission to the Student Support Services program staff to obtain, review, discuss and copy all records and information available through Lake Michigan College, its' faculty, departments or staff, and to release information to the United States Department of Education and Lake Michigan College.

The Student Support Services staff has my permission to communicate verbally, by email or otherwise and to share information with Lake Michigan College staff, faculty, and/or off-campus professionals.

Being permitted by the Lake Michigan College Student Support Services program to participate in Program travel and/or activities, to use its equipment and facilities, I agree to indemnify and hold harmless the Student Support Services program, all Student Support Services staff, and Lake Michigan College from any and all claims which are in any way connected with such use or participation in the Student Support Services program.

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

Applicant's Signature: _____ Date: _____

**PLEASE RETURN TO C-207, NAPIER CAMPUS
OR THE INFORMATION DESK AT YOUR CAMPUS**