



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.

Application Date: ___/___/___ Social Security #: _____ Student ID #: _____

First Name: _____ Last Name: _____ M.I. ___ [] Female [] Male

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Cell: _____ Work: _____ Email: _____

Date of Birth: ___/___/___ Ethnic Background: [] African American [] Native American
[] Hispanic [] Pacific Islander [] Asian
[] Caucasian (non-Hispanic) [] Multiracial

Are you a U.S. Citizen or Permanent Resident? [] Yes [] No

Are you currently enrolled at LMC? [] Yes [] No
If no, semester and year you plan to enroll? _____/_____

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 and from what college: _____

Have you previously participated in any of the following TRIO programs?
[] Upward Bound [] Talent Search [] EOC (Educational Opportunity Center) [] SSS

Education Plan: (Major) _____ How did you learn about our program? _____

Do you plan to transfer to a 4-year college? [] Yes [] No Which Institution? _____

Mark each area you would like assistance with:

- [] Academic Advising [] General Study Skills
[] Career Exploration [] Computer Skills
[] Financial Aid Assistance [] Reading Skills
[] Scholarship Search/Application [] Writing Skills
[] Transfer Assistance [] Math Skills (specify course) _____
[] Notetaking [] Science Support (specify course) _____
[] Test Anxiety [] Tutoring (specify course) _____

We request that students with a documented disability present that 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 Special Populations Program on campus? [] Yes [] No

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

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We are pleased that you have applied to the Student Support Services program.

1. Please share your reason(s) for pursuing a college education.

Read before signing.

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

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 State Department of Education and Lake Michigan College.

The Student Support Services staff has my permission to communicate verbally 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.

Applicant's Signature: _____ Date: _____