

Student Support Services Program



Student Support Services (SSS) is a free federal TRiO program. SSS serves low-income, first-generation, and disabled students. We provide academic support and guidance to help WHC students overcome challenges in obtaining a degree and/or transferring to a four-year college. If you are committed to achieving success, SSS can help you achieve your academic and career goals.

SSS Services Include:

- Academic Advising
- → Beneficial Workshops
- → Book Resources
- Campus Tours
- Career Planning

- Cultural Enrichment
- → Priority Registration
- → Transfer Assistance
- Tutorial Services
- Mentoring Services

To qualify for SSS, you must:

- Be a U.S. citizen, or a permanent legal resident, and
- Be enrolled full time at WHC in an AA/AS degree or transfer program, and
- # Eligible for English 100 to 51A or Math 100 to 63, and
- # At least one of the following must apply:
 - You are from a low income family and/or
 - Your parents did not graduate from a four-year college and/or
 - You have a verified disability

For more information, contact:

Coalinga Campus Office North District Center, Firebaugh

Reyna Gonzalez Yesenia Valle Sylvia Leyva

Advising Specialist Student Services Tech Advising Specialist (559) 934-2356 (559) 934-2358 (559) 934-2964

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Student Support Services Application



Biographical Information

Name			
Last	First	Midd	lle
Student ID		Birth date	
Home Phone () –	Cell Pl	hone ()	-
Mailing Address			Apt #
City	State	Zip Co	de
E-mail Address			
Ethnic Identity - Please check the eth	nicity that you mo	st close relate to	:
1. American Indian or Native Alas	skan 🖂 5. Wl	hite	
☐ 2. Asian		tive Hawaiian or	other Pacific Islander
3. Black or African American	 ☐ 7. Mı	ultiracial/more th	nan one
4. Hispanic or Latino		cline to state	
	Eligibility		
1. Did either of your parents/guardi	ans graduate from	ı a 4-year college	? ☐ Yes ☐ No
2. Select the household size:			
□ 1 □ 2 □ 3	□ 4 □ 5	□ 6 □ 7	□ 8 □
Select the income range that you	r household receiv	and last year:	
□ \$0 - \$ 17,820		•	24 021 \$ 20 240
☐ \$ 30,241 - \$ 36,450		,	, , , , ,
☐ \$ 48,871 - \$ 55,095			
			01,550 - and up
(For every additional family m	iember over 8, add	1\$ 6,240.)	
4. Do you have a physical or learnin	g disability? 🗌 Ye	es □ No	
If yes, please briefly describe: _			
Are you currently receiving DSF	'S services? Ye	s 🗌 No	
5. What is your main academic need	d or obstacle you r	nust overcome to	o succeed in college?
☐ WHC Placement Test at/below E	nglish 51A and/or	Math 63	Undecided major
☐ High School equivalency/GED			College GPA 2.0-2.5
☐ Need Academic support to raise	grade(s)		Limited English skills

Student Educational Information

Name of high school	— High school GPA
Attended other colleges? Yes No If yes, where?	
Major at WHC Future Career Are you planning to graduate from WHC with an AA/AS Degree	(Please submit a copy of your transcript) Goals ee?
Do you plan to transfer to a 4-year college? Yes No	If yes, where?
Are you participating in any of the following programs? Pleas Extended Opportunities Programs and Services (EOPS) Disabled Students Programs and Services (DSPS) Cooperative Agency Resources for Education (CARE)	• • •
Financial Informatio	n
Did you complete a Free Application for Federal Student Aid	(FAFSA) this year? Yes No
Please state why you are applying for SSS and what types of a will need. Please attach additional sheets if needed.	assistance you desire or think you
By signing below, I hereby certify that all information on this are true, complete and accurate. False statements or misrepreduction, withdrawal and/or repayment of financial aid.*	·
Signature	Date
Please include the following documentation with your compl	ete application:
 □ Copy of State ID, Driver's License, or West Hills College ID □ Copy of yours and/or your parents' Current Tax Return □ Financial Aid Award Letter □ English/Math Placement Test Scores □ Copy of all previous college transcripts (if applicable) 	
Thank you for applying to the Student Support Services Progr	am.

*The U.S. Department of Education provides TRiO funding for the SSS grant. SSS applicants will be considered without regard to race, color, religion, national origin, marital status or disability. Personal information is for reporting requirements and is confidential.

For Office Use Only Student Information Name: Student ID #: _____ Contact #: Semester Units Enrolled: _____ GPA: ____ Eligibility 1. _____ First-Generation 2-3. ____ Low-Income 4. _____ Verified Disability – Verified by _____ 5. _____ Academic Need Comments/Notes:____ **Director Review:** (circle one) *Approved *Denied *Yellow *Conditioned Director Signature: _____ Approval Date: _____ (Office Only) **Check-off List – Verify if you have:** ☐ Copy of State ID, Driver's License, or West Hills College ID ☐ Copy of yours and/or your parents' current Tax Return □ SCHD \square AIDE ☐ TSUM ☐ TRAN Notified Student Date: _____ First Contact Scheduled: _____