Eligibility:

Academic Need:

Name: ________________________________________________

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<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Preferred</th>
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All information will be kept confidential, in compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974. By submitting this application, you authorize the WSP to request copies of transcripts, financial aid awards, and transfer information.

**Verification of Truth Statement**

I state that to the best of my knowledge, the information on this form is true and accurate. I agree to provide any documentation necessary to verify information for full participation in CCSF’s TRIO Writing Success Project.

Signature: ____________________________ Date: ____________________

Email ____________________________ Cell phone __________________

☐ I prefer text message updates

Student ID: __________________________ WSP-linked course: ENGL________

English Instructor: _________________ WSP Tutor: _________________

The information requested will help us establish your need and eligibility for the WSP. This information is private and will only be used by WSP staff to help us determine if you’re eligible for additional WSP services.

✓ Please check all the statements that apply to you.

1. ☐ A. I’m a U.S. citizen or permanent U.S. resident.

☐ B. I’m in U.S. on a temporary or student visa.

☐ C. Other

2. ☐ One or both of my parent(s) or guardian(s) has a 4-year college degree.

3. ☐ I applied this year for a fee waiver or other financial aid at CCSF.

4. ☐ I have a documented disability and am eligible for Disabled Students Programs and Services (DSPS) at CCSF.
Eligibility:
Academic Need:

5. ☐ I graduated from high school, either in the U.S. or in another country.

6. ☐ I did not graduate from high school, but I earned a GED later.

7. ☐ I am or was in foster care.

8. ☐ I am a veteran.

9. ☐ I am homeless, or my housing situation is insufficient or insecure.

10. ☐ I had a break in my education and was out of school 5 years or more.

11. ☐ I have earned a bachelor’s degree in the U.S. or in another country.

12. ☐ I don’t know yet what my major or career focus will be.

13. ☐ I have a counselor that I meet with twice (or more) per semester.

14. ☐ I was previously in WSP, in _______________ (semester/year)

Check your email for updates on WSP events and services!
Also follow www.facebook.com/ccsfwsp and Instagram @ccsfwsp to get important announcements.

Return application to Ghislaine Maze in Rosenberg 231B.

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(for office use)

#1 Status verified ☐

#3 Low-income status verified ☐

#3 Note (circle): No current FAFSA/Not TRIO income qualified

____________________________________________
SSS Director Signature and Date

C:\Users\ymalamud\Desktop\Schedules\WSP Application.docx 8/30/2019