



Success Through Academic Resources

SOUTH PLAINS COLLEGE
STUDENT MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY: Campus attending: [] Levelland [] Reese [] Plainview [] Lubbock Center [] On-Line

Date Accepted: _____ Date Denied: _____ Waiting List: _____

Eligibility: _____ F/A Need: _____ F/A Awarded: _____ Unmet Need: _____

Enroll Date: _____ Classification: _____ GPA: _____

Last Name: _____ First Name: _____ MI: _____

Social Security #: _____ SPC ID #: _____

Date of Birth: _____ E-Mail: _____

Local Address: _____ City/ State/ Zip: _____

Permanent Address: _____ City/ State/ Zip: _____

Phone Number: Home: _____ Cell: _____

Race: [] African American/Black [] American Indian/Alaskan Native [] White [] Asian/Pacific Islander
[] More than one race [] Other _____

Are you of Hispanic/Latino/Spanish Origin? [] I identify as Hispanic or Latino(a) [] I am not Hispanic or Latino(a)

Gender: [] Female [] Male Citizenship: [] USA [] Permanent Resident

If other than United States indicate visa type and Resident Alien No. _____

Marital Status: [] Single [] Married [] Separated [] Divorced [] Widow/Widower

Referred to STAR Center by: [] Friend [] Family member [] Counselor [] Faculty Member

[] Office of Special Services [] DARS [] New Student Orientation [] Other _____

High School Graduate: [] Yes [] No GED: [] Yes [] No

First enrollment at South Plains College: Semester/Year: _____

Major: _____

Classification: [] Freshman [] Sophomore SPC Username: _____ Password: _____

FAFSA Username: _____ Password: _____

Educational Goals: (Check all that apply)

[] Certificate [] Associate's Degree [] Bachelor's Degree [] Transfer to 4yr college [] Don't Know

Please list any/all 4-year colleges/universities you are considering: _____

Please check the appropriate program(s), if you have ever been a participant in any of the following:

[] Upward Bound [] Talent Search [] Educational Opportunity Center [] Student Support Services

At which high school or college did you participate in any of the above programs _____

Veteran: [] Yes [] No If yes, military branch: _____

Active Military/Reservist: [] Yes [] No If yes, military branch _____

What is the Highest Level of Education Completed by your:

Father: [] Grade School [] Jr. High [] High School [] Associate's [] Bachelor's [] Graduate/Doctoral

Mother: [] Grade School [] Jr. High [] High School [] Associate's [] Bachelor's [] Graduate/Doctoral

Guardian: [] Grade School [] Jr. High [] High School [] Associate's [] Bachelor's [] Graduate/Doctoral

(Student Initials) According to the information above (less than Bachelor's degree for either parent, I declare that I am a first-generation college student.

Number of people living in your household: _____

Did you apply for financial aid for the current year? Yes No

Do you have a documented disability? No Yes if yes, what type of disability do you have?

Is your documentation on file with Disability Services and/or TRC/DARS?

(If you have a documented disability, but have not yet filed your documentation with either of these offices, you will need to do so before we can verify your eligibility for services based on this requirement.)

Please select the services that may interest and/or benefit you (may check more than one).

ADVISING/COUNSELING

Academic Advising/ Degree Planning

FASFA

Career Advising

Scholarship Searches

TRANSFERRING

College Visits

4-Year College/University Information

Apply for Admissions

TUTORING

Yes; Subject(s): _____

No

Please read and sign the following statements:

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

Signature _____ Date _____

I give the SPC STAR Center/TRIO Student Support Services Program permission to access my academic and financial transcripts to verify the information contained in this application and to track my academic progress. I understand that this information will be protected under the Federal Educational Rights & Privacy Act (FERPA) of 1974. No one will have access to the information unless they work with or for the STAR Center. The STAR Center program staff has permission to communicate verbally or otherwise with staff, faculty, and/or off-campus professionals on my behalf.

Signature _____ Date _____

**Please return this application to the STAR Center, located 3rd Floor Library Room 319 or mail to:
South Plains College STAR Center, 1401 S. College Ave., Box 173, Levelland, Texas 79336**
