



P.A.S.S. PROGRAM
(Providing Academic Support to Students)

(Please mark an X on your reply)

1. Do you receive assistance from TX Dept. of Human Services? ___Yes ___No
2. Do you receive assistance from Workforce Solutions? ___Yes ___No
3. Do you receive assistance from SSI (Supplemental Security Income)? ___Yes ___No
4. Do you receive assistance from DCCS (Department Childcare Services)? ___Yes ___No
5. Do you receive assistance from WIA (Workforce Investment Act)? ___Yes ___No
6. Do you receive assistance from WIC (Women, Infant & Children)? ___Yes ___No
7. Do you receive assistance from V.I.D.A (Valley Initiative for Development & Advancement)?
___Yes ___No Have you applied: ___Yes ___No If yes when: _____
8. Do you receive assistance from (DARS) Dept of Assistive and Rehabilitative Services?
___Yes ___No

Please check off the services needed:

___ Lending Library

___ Childcare Services

This portion must be filled out in order for your application to be considered.

BELOW DESCRIBE YOUR REASON FOR NEEDING ASSISTANCE

Disclaimer and Signature

I certify that the above statements are true and correct to the best of my knowledge. I hereby authorize the P.A.S.S. program staff to secure financial and academic information necessary to determine my eligibility.

****Eligibility does not necessarily guarantee assistance****

Student Signature: _____

Advising Specialist/Advisor
Signature: _____

Date: _____

Date: _____

Return Application to: STC, PASS Program, Pecan Campus, Building K-2.200D



STATEMENT OF EQUAL OPPORTUNITY. No person shall be excluded from participation in, denied the benefits of, or subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability. Individuals with disabilities requiring assistance to receive these services should contact disAbility Support Services at 877-2513.

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