



2020-2021

# FAST TRACK PROGRAM APPLICATION

Per the Family Educational Rights and Privacy Act (FERPA), information in this application is **confidential** - we will protect your sensitive personal data. **PRINT CLEARLY**. Incomplete applications may be returned to you or rejected.

Name		
Street	City/State	Zip
Phone	DOB	Owens ID <i>(To be filled out by Owens staff)</i>
Owens Email		

Applicants must meet the following criteria to be eligible for the Fast Track Program:

- Enrolled full-time (12 credits) for the semester
- Less than 24 accumulated credits
- Pell eligible
- Seeking an Associate degree or certificate
- (PREFERENCE GIVEN TO) first generation college students (neither parent has a Bachelor's degree)

## DEMOGRAPHIC DATA

Gender:  Male  Female    Marital Status:  Single  Married  Divorced  Widowed

Citizenship Status:  U.S. citizen  Permanent Resident  Other: \_\_\_\_\_

Race or Ethnicity (check all that apply):

- Black or African American
- Hispanic or Latino
- White
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Asian

Do you speak English as a Second Language (ESOL)?  Yes  No  
If yes, primary language spoken: \_\_\_\_\_

Are you a member of the TRiO - SSS Program?  NO  YES

## ACADEMIC INFORMATION

Major: \_\_\_\_\_ Academic Advisor Name: \_\_\_\_\_

High School GPA (if less than 3 years after graduation): \_\_\_\_\_

What is your expected year of graduation from Owens? \_\_\_\_\_

**Please sign, date and return this form.** If you are considered a dependent, as defined by Free Application for Federal Student Aid (FAFSA), you must have your parent/guardian sign and date this form. *Electronic signatures will not be accepted.*

Print student name: \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Print parent/guardian name (if claimed as dependent): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NEEDS ASSESSMENT SURVEY

### As a student, I want to: (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Improve general study habits          | <input type="checkbox"/> Improve math skills         | <input type="checkbox"/> Improve spelling                   |
| <input type="checkbox"/> Improve note taking skills            | <input type="checkbox"/> Improve vocabulary          | <input type="checkbox"/> Reduce math/test anxiety           |
| <input type="checkbox"/> Improve time management skills        | <input type="checkbox"/> Improve test taking skills  | <input type="checkbox"/> Develop a plan for college courses |
| <input type="checkbox"/> Increase college reading speed        | <input type="checkbox"/> Enhance memory              | <input type="checkbox"/> Make good career decisions         |
| <input type="checkbox"/> Improve college reading comprehension | <input type="checkbox"/> Improve grade point average | <input type="checkbox"/> Receive transfer assistance        |

### Please check any of the following items which describe you:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Out of school too long             | <input type="checkbox"/> Difficulty meeting deadlines            | <input type="checkbox"/> Panic during tests                |
| <input type="checkbox"/> Afraid of failing in college       | <input type="checkbox"/> Unsure of college procedures            | <input type="checkbox"/> Few computer skills               |
| <input type="checkbox"/> Difficulty finding child care      | <input type="checkbox"/> Difficulty participating in discussions | <input type="checkbox"/> Limited experience using Internet |
| <input type="checkbox"/> Afraid I might not fit in at Owens | <input type="checkbox"/> Difficulty with public speaking         | <input type="checkbox"/> Difficulty managing money         |
| <input type="checkbox"/> Difficulty meeting new people      | <input type="checkbox"/> Difficulty with organizing/prioritizing | <input type="checkbox"/> May need personal counseling      |
| <input type="checkbox"/> Not prepared for course level      | <input type="checkbox"/> Unable to understand course content     | <input type="checkbox"/> Conflict with professor           |
| <input type="checkbox"/> Registered for too many classes    | <input type="checkbox"/> Changed major one or more times         | <input type="checkbox"/> Working too much during week      |

### What obstacle(s) would most likely prevent you from completing your academic goals? (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Poor study habits              | <input type="checkbox"/> Bad grades                  | <input type="checkbox"/> Family medical problems   |
| <input type="checkbox"/> Lack of money                  | <input type="checkbox"/> Take things too seriously   | <input type="checkbox"/> Separation or divorce     |
| <input type="checkbox"/> Taking the wrong classes       | <input type="checkbox"/> Problems at home            | <input type="checkbox"/> No close friends at Owens |
| <input type="checkbox"/> Always feeling tired           | <input type="checkbox"/> Trouble sleeping            | <input type="checkbox"/> Easily distracted         |
| <input type="checkbox"/> Recurring health concerns      | <input type="checkbox"/> Afraid to speak up in class | <input type="checkbox"/> Too shy                   |
| <input type="checkbox"/> Alcohol and/or drug problems   | <input type="checkbox"/> Feeling depressed or sad    | <input type="checkbox"/> Always worrying           |
| <input type="checkbox"/> No support from family/friends | <input type="checkbox"/> Dealing with bills          | <input type="checkbox"/> Test anxiety              |

### My most important areas which I will need assistance are: (Check all that apply)

- |  |   |  |   |
|--|---|--|---|
| <b>Financial:</b><br><input type="checkbox"/> Personal Budget<br><input type="checkbox"/> FAFSA<br><input type="checkbox"/> Grants/Scholarships<br><input type="checkbox"/> Loans<br><br><b>Academic:</b><br><input type="checkbox"/> Course Selection<br><input type="checkbox"/> Selecting a Major<br><input type="checkbox"/> Practicum | <b>Personal Issues:</b><br><input type="checkbox"/> Stress Management<br><input type="checkbox"/> Substance Abuse<br><input type="checkbox"/> Relationships<br><input type="checkbox"/> Anxiety<br><input type="checkbox"/> Depression<br><input type="checkbox"/> Motivation<br><input type="checkbox"/> Exploring Diversity<br><input type="checkbox"/> Time Management<br><input type="checkbox"/> Organization/Prioritization | <b>Transfer to a 4-year Institution:</b><br><input type="checkbox"/> Search Process<br><input type="checkbox"/> Application Process<br><input type="checkbox"/> Funding<br><input type="checkbox"/> Planning<br><input type="checkbox"/> Transcripts | <b>Career:</b><br><input type="checkbox"/> Interviewing<br><input type="checkbox"/> Resume/Cover Letter<br><input type="checkbox"/> Job Searching<br><input type="checkbox"/> Co-op/Internship<br><input type="checkbox"/> Leadership Development<br><input type="checkbox"/> Goals/Decision-Making |
|--|---|--|---|

### My skills in each of the areas below are: (Check the appropriate box)

	Excellent	Above Average	Average	Fair	Poor
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Describe a personal strength which you feel will help you be successful as a student:

### After graduation from Owens Community College, I plan to:

Completed applications may be hand-delivered, scanned or e-mailed.

**Return to: Fast Track Program**

Attn: James T. Jackson

Office: College Hall, Rm 155

E-mail: [james\\_jackson11@owens.edu](mailto:james_jackson11@owens.edu)

**(Please indicate "Fast Track Program Application—YOUR NAME" in the subject line)**

Phone: (567) 661-7503