

STUDENT SUPPORT SERVICES PROGRAM (TRIO)
Program Application - Please Print all information

NAME: _____
Last, First

SSN: _____

Term: _____

ID: _____

Address			
City/State/Zip:			
Phone (s) / Email	Cell:	Home:	E-Mail:
Birth Date:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Major:	Concentration:	Minor:	

Class Level:

- Freshman (0-29)
- Sophomore (30-59)
- Junior (60-89)
- Senior (90+)

- First Time Freshman
- Transfer Student

Residency:

- U.S. Citizen
- Legal Resident

Highest Grade Completed...

- Mother: _____
- Father: _____

Are you seeking SSS Program services due to a disability?

- No
- Yes, Please Explain: _____

Is English your second language?

- No
- Yes, Primary Language: _____

TRIO: (Check applicable programs)

Have you every been a participant of...

- Upward Bound
- Talent Search
- SSS

Campus: _____

Financial Information: Year: _____

- Financial Aid Recipient
- Not Receiving Financial Aid

- Dependent: (Income on 1040 Forms)
 - Parent's Income \$ _____
 - Household Size: _____

- Independent: (Income on 1040 Forms)
 - Your Income \$ _____
 - Household Size: _____

Ethnicity: Are you Hispanic/Latino?

- Yes
- No

Race: Check one or more of the boxes below. You MUST check at least one box, even if you checked yes for Hispanic/Latino.

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

STUDENT AGREEMENT TO SSS

This agreement has been created to assist you in understanding your responsibility as an SSS participant.

Your signature indicates that you have read all of the following conditions, understand them, and will comply with program requirements. You also understand that SSS will monitor academic progress on a semester basis through the use of progress reports.

- I will meet with my assigned Academic Advisor (AA) for advising, curriculum/major planning a minimum of two times per semester.
- I will see my Advisor if I am placed on Academic Probation / Disqualification or need Tutoring assistance.
- I will meet with an assigned Peer Mentor (PM) two times per semester.
- I will participate in workshops, seminars, and other SSS sponsored activities on the advisement of my AA, PM or whenever possible.
- I will notify the SSS Office if there are any changes in my address or phone number.

X _____
Applicant Signature *Date*

The following documents MUST accompany this application in order to be considered. Application Checklist.

- Completed & Signed Application
- Signed copy of your (or parent's) previous year 1040 tax form (Page 1 & 2)
- Copy of your Financial Aid Award
- Copy of Alien Registration card or Naturalization document (If not a US Citizen)
- Copy of signed Disabled Student Services Form (If Disabled)

How did you hear about our program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Ad | <input type="checkbox"/> Quad/Information Table | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Orientation | <input type="checkbox"/> Peer Mentor: _____ |
| <input type="checkbox"/> In-Class Presentation | <input type="checkbox"/> Walk-in | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flyer | | |

OFFICE USE ONLY!

BASIS FOR ADMISSION

- Low Income 1st Generation Disabled Academic Need