

*We ask that you fill out this application to the best of your ability. If your application is incomplete, it may delay processing. All information collected in this form will be held in strictest confidence.*

**I. APPLICANT INFORMATION**

APPLICANT NAME:			
	(05) First	(06) MI	(04) Last
LOCAL ADDRESS:			
	Street	City	State Zip
PERMANENT ADDRESS: (if different)			
	Street	City	State Zip
EMPL ID:		(03) SOCIAL SECURITY #:	
LOCAL PHONE:		CELL PHONE:	
REFERRED BY:			
EMAIL ADDRESS:			
(07) BIRTH DATE:		(08) GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female
(09) ETHNICITY:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American
	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
	<input type="checkbox"/> Other		
Check all that apply:	<input type="checkbox"/> Over the age of 24	<input type="checkbox"/> Have children	<input type="checkbox"/> Married <input type="checkbox"/> Out of school for 5 or more years

**II. PROGRAM ELIGIBILITY CRITERIA**

*The government provides the criteria for eligibility determination. The following questions help us determine your eligibility.*

Are you a previous TRIO participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which program?	<input type="checkbox"/> McNair	<input type="checkbox"/> Equal Opportunity Center
	<input type="checkbox"/> Upward Bound	<input type="checkbox"/> Student Support Services
Are you a United States citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain.		
Are you a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving Veteran's Administrative (VA) benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>First-Generation Eligible:</b> If both parents/guardians do not have a four-year degree, a student is "First-Generation Eligible" for the Educational Enhancement Services Program.		
Did either of your natural or adoptive parents graduate with a four-year degree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list the highest grade completed for:	Mother: _____	Father: _____
<b>Disability Eligible:</b> If a student has a <i>documented</i> (physical, mental health, learning) disability, the student is "Disability Eligible" for the Educational Enhancement Services Program.		
Do you have a physical, learning, or mental health impairment which substantially limits one or more of your major life activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are you registered with the Disability Services office on campus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Low Income Eligible:** If the total taxable income of the student's household falls below set limits (*based on the U.S. Department of Education guidelines.*) for the number of people living there, the student is "Low Income Eligible" for the Student Support Services program. Visit <http://www.ed.gov> to view the most current chart used to determine this. The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150% of the poverty level amount. These figures change each February.

Have you applied for financial aid (FAFSA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving financial aid (FAFSA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### III. EDUCATIONAL GOALS AND HISTORY

What high school did you graduate from?				
High School Graduation Date:				
Are you currently enrolled at DSU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If so, how many credits are you taking this semester?	<input type="checkbox"/> > 12	<input type="checkbox"/> < 12		
Are you planning on completing your degree at DSU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
What is your Degree goal?	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Other
Major(s):		Minor(s):		

### IV. AREAS OF NEED

How many hours do you plan to work per week while in school?			
What is/will be your place of employment?			
What program services would you plan to utilize? Check all that apply:			
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Academic Planning	<input type="checkbox"/> Learning Strategies
<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Financial Counseling	<input type="checkbox"/> Bridge Orientation	<input type="checkbox"/> Personal Concerns
<input type="checkbox"/> Other:			

Additional Comments:

To receive the services of the Student Support Services Program, the federal government requires access to student records.

I therefore authorize the Student Support Services program at Dickinson State University to have access to my records. This information will be held in the strictest confidence. Records include:

- Transcripts and enrolled documents
- Financial aid information and copies of your and/or your parents income tax forms if applicable.
- Records of scores of tests taken for assessment purposes.

I certify that to the best of my knowledge, statements I have made on this initial information form are complete and true. Failure to disclose and submit complete and accurate information may result in the denial of acceptance to the Student Support Services program at Dickinson State University.

Student Signature:		Date:	
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