



**UTAH STATE UNIVERSITY
STUDENT SUPPORT SERVICES
APPLICATION FORM**



Student Support Services is a federal program funded through the U.S. Department of Education. Acceptance into the program is contingent upon meeting eligibility criteria and space availability. Please answer all questions completely. If a question does not apply to you, complete the question by marking "N/A". All information you supply will be held in strict confidence. ***This application cannot be considered if all information is not included.***

Date: _____

PERSONAL INFORMATION:

Name: _____
(Last) (First) (Middle) (Nickname)

SSN: _____ - _____ - _____ USU A#: _____ Birthdate: _____ / _____ / _____
(Mo) (Day) (Year)

Permanent Address: _____
(Street or P.O. Box) (City) (State) (Zip)

Local Address: _____
(Street or P.O. Box) (City) (State) (Zip)

Permanent Phone: (_____)_____-____ Local Phone (_____)_____-_____

Cell Phone: (_____)_____-_____ Preferred E-mail Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Marital Status: Single Separated Married Divorced Widowed

Do you have children? Yes No If yes: Number of Children _____

Gender: Male Female Are you a Veteran? Yes No

Citizenship: American Citizen Permanent Resident of U.S. Other _____

Ethnicity: White Native American/Alaskan Native Hispanic/Latino Hawaiian/Pacific Island
 Asian Black/African American More than one race Other _____

EDUCATION INFORMATION:

Do you have a high school diploma? Yes No If yes, date of graduation _____ HS GPA _____

Do you have a GED? Yes No If yes, date completed: _____

Are you a transfer student: Yes No If yes, from where: _____

List the High School(s), Vocational School(s), and/or College(s) you have attended:

School/College	City/State	Dates Attended

Have you taken the ACT? Yes No

Scores: _____
 (English) (Math) (Reading) (Science/Reasoning) (Composite)

Class Standing: Freshman (incoming) Freshman (returning) Sophomore Junior Senior

Semester Enrollment Status: Full Time (12+ hrs) ¾ Time (9-11 hrs) ½ Time (6-8 hrs) < ½ Time

Educational Plans:

Continuing at USU to complete a bachelors degree. Anticipated major: _____

Transferring to: _____ When: _____

Other: _____

Are you a returning adult student beginning college at age 25 or later, and/or have a five-year lapse in your academic career? Yes No If yes, lapse of _____ years.

Please check TRIO programs in which you have previously participated: Student Support Services

Upward Bound Veterans Upward Bound Talent Search Educational Opportunity Center

If so, where: _____

ELIGIBILITY CRITERIA:

First Generation Status:

What is the highest level of education COMPLETED by the parent(s) you grew up with?

	Grade School	High School	Voc/Tech College	2-year College	4-year College	Beyond 4-year
Mother	_____	_____	_____	_____	_____	_____
Father	_____	_____	_____	_____	_____	_____

Low Income Status:

Do you live with your parents? Yes No

Are you claimed by your parents as a dependent in the most recent tax return form? Yes No

Will you be working while attending school? Yes No

If yes: Employer: _____ Hours Worked Per Week: _____

Number in household claimed on the recent tax return form (including yourself) _____

If you/your family filed income taxes last year. What was your/their TAXABLE income?***

- Less than \$16,245
- \$16,246-\$21,855
- \$21,856-\$27,465
- \$27,466-\$33,075
- \$33,076-\$38,685
- \$38,686-\$44,295
- \$44,296-\$49,905
- \$49,906-\$55,515
- \$55,516 and above

***Note: Income should include yourself and your parent, if you are dependent on your parents' income; or you and your spouse, if you are married. If you or your parents did **not** complete an income tax form, record the total income for the household during the previous year. **Total Income:** _____

Have you applied for financial aid for the current school year? Yes No

Have you been awarded financial aid? Yes No

If yes, please mark all of the aid that you accepted.

- Pell Grant
- Work-study
- Perkins Loan
- Stafford Loan
- Vocational Rehab
- VA Benefits
- Scholarship
- Academic Competitiveness/SMART Grant
- Other _____

Disability Status:

Do you have a **current** documented disability? Yes No

If yes, have you registered with the Disability Resource Center at USU? Yes No

If yes, what services are you utilizing? _____

Are you currently receiving services from the Office of Vocational Rehabilitation? Yes No

If yes, what services are you utilizing? _____

How did you hear about Student Support Services at USU?

- Advisor
- Instructor
- Fellow Student
- Publication (i.e. Brochure)
- SSS Staff Member
- Other (specify) _____

Please check all of the services that may interest and/or benefit you?

Advising

- Academic Advising/Degree Planning
- Financial Aid Planning/Assistance
- Career Counseling
- Career/Interest Testing
- Personal Counseling
- Peer Mentoring
- Faculty Mentoring

Workshops

- Math Anxiety
- Math Study Strategies
- How To Use Your Math Textbook Effectively
- Creating a Finals Study Plan
- Getting Into Graduate School
- Other _____

Academic Support/Instruction

- Math Instruction
 - Math 0900
 - Math 1010
 - Math 1050
 - Stat 1040
- Reading/Study Skills Instruction
 - Psy 1730 (Academic Success)
 - Psy 1750 (College Reading)
- Tutoring
 - Writing
 - Math
 - Other _____
- Early Registration

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Recurring health concerns | <input type="checkbox"/> Poor study habits |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Family medical problems | <input type="checkbox"/> Poor writing skills |
| <input type="checkbox"/> Too shy | <input type="checkbox"/> Feeling depressed or sad | <input type="checkbox"/> Disorganized notes |
| <input type="checkbox"/> Always worrying | <input type="checkbox"/> No close friends at USU | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Housing problems | <input type="checkbox"/> Separation or divorce | <input type="checkbox"/> Poor reading skills |
| <input type="checkbox"/> Problems at home | <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Poor math skills |
| <input type="checkbox"/> Alcohol and/or drug problem | <input type="checkbox"/> Time management | <input type="checkbox"/> Financial concerns |
| <input type="checkbox"/> No support from family/friends | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Family demands |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Bad grades | <input type="checkbox"/> Other _____ |

An important part of the application process includes the following question. Your ability to write or express yourself is NOT of concern for application purposes. Your answer will be used to determine the level of your commitment to the program and assist us in providing you with the highest level of personalized services.

Explain your reason for applying to the SSS Program:

Release and Confidentiality of Information:

I, _____, agree to the release of information pertinent to my participation in the Student Support Services program at Utah State University or any higher educational institution, e.g. financial data, test scores, or grades, and certify the information given on this application is true to the best of my knowledge.

I am aware that my eligibility, academic, and financial status will be reported to the Department of Education in accordance with grant funding regulations.

I am also aware that any personal information provided to the Student Support Services program will be protected under the Family Educational Rights and Privacy Act of 1974. No one will have access to the information unless they work with or for the Student Support Services program, or are specifically authorized to see the information. The information is necessary to help determine the success of participants in post-secondary education as authorized by the U.S. Department of Education.

Signature: _____ Date: _____

Photo/Likeness Release:

I authorize Student Support Services to photograph or film me and consent to the use of my likeness in any and all publications, educational materials, research, advertising, news media, video, and World Wide Web materials.

I further understand and agree that these materials may be kept on file and/or used by USU for potential future uses and further agree to release the college from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such material.

Signature: _____ Date: _____

Thank you very much for your interest in the Student Support Services program. Please bring this application and supporting documentation to your scheduled interview with the Director of the SSS.

***** Office Use Only *****

ELIGIBILITY:

This student is accepted to the Student Support Services program under the following criteria:

Low Income Family Size: _____ Family Income: _____ Source: _____

Disabled Type of Disability: Physical Learning Other _____

First Generation

ACADEMIC NEED:

High School GPA High School Equivalency ACT Scores College GPA

Diagnostic Testing Non-Traditional Student Failing Grades Predictive Indicator

SAT Scores, Math SAT Scores, Verbal Other _____