

TRiO Student Support Services Program
Application Packet

Student Support Services
Woody Hall 214, MC 4721
SIUC
900 S. Normal Ave.
Carbondale, IL 62901
Phone: (618) 453-6973
Fax: (618) 453-6220
<http://triostudentsupport.siu.edu>

Eligibility

- First-Generation College Student
- Income Eligible
- Have a documented Learning Disability
- Class level junior or below

Documentation

- Complete the application in its entirety
- Attach copies of documents requested below
- Completed applications must be submitted to an SSS staff member

Please check the boxes below when you have attached the following documentation.

Unofficial Transcript

Student Aid Report (SAR), Medical Card or Tax Records

Class Schedule

Proof of Disability (students with disabilities only)

Submission of an application **does not** guarantee admission into the program! If the application is completed and eligibility is approved, the SSS staff will contact you for an interview via email. **If you miss two scheduled interview appointments, your application will not be reviewed until the following semester.**

TRiO Student Support Services
Application Form

Student Name _____ Dawg Tag _____

Mailing Address _____ Apt. # _____

City, ST, Zip _____ Date of Birth _____

Permanent Mailing Address _____

City, ST, Zip _____

Home/Cell Phone _____ Email _____

Demographic/Educational/Financial Information

Demographic	
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Check all that apply (√) <input type="checkbox"/> Transfer Student <input type="checkbox"/> Disability Did you have an Individualized Education Plan (IEP) in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Parent <input type="checkbox"/> Foster Care Youth	Other Federal Program Participation Check all that apply (√) <input type="checkbox"/> Student Support Services <input type="checkbox"/> Project Upward Bound <input type="checkbox"/> Education Talent Search <input type="checkbox"/> Gear Up
Race/Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____	Services Requested <input type="checkbox"/> Academic Counseling <input type="checkbox"/> Career Counseling <input type="checkbox"/> Tutoring <input type="checkbox"/> Study Skills <input type="checkbox"/> Financial Aid/Literacy <input type="checkbox"/> Single Parent Support Services
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No On-Campus Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Children <input type="checkbox"/> Yes <input type="checkbox"/> No List ages _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Education	
High School Graduation Year _____ Current Academic Level _____ Major _____ Minor _____ Current Number of Hours Enrolled _____ Expected Graduation Date _____	Student Status
	Dependent _____ Independent _____

Financial

Completed financial aid application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did either parent receive a Bachelor's Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pell Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you living with a parent or guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Family Taxable Income from last year (obtain information from IRS 1040, 1040A or 1040EZ) \$ _____
Do you plan to transfer to another college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student Authorization: I hereby certify the information given on this application is true and correct to the best of my knowledge. Information received on this application will be held highly confidential. The application and any part of its contents will not be released to anyone other than the program staff without your permission.

Student Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Eligibility: LI FG FG/LI DIS DIS/LI
 Academic Need: _____ Accept: _____ Ineligible: _____ Waitlist: _____

Department of Education Current Low-Income Levels

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,090	\$22,590	\$20,790
2	\$24,360	\$30,435	\$28,005
3	\$30,630	\$38,280	\$35,220
4	\$36,900	\$46,125	\$42,435
5	\$43,170	\$53,970	\$49,650
6	\$49,440	\$61,815	\$56,865
7	\$55,710	\$69,660	\$64,080
8	\$61,980	\$77,505	\$71,295

Family Size: _____ Adjusted Gross Income: _____

Staff Signature: _____ Date: _____

Director Signature: _____ Date: _____

Student Service Survey

Student Academic Goals:

1. _____
2. _____
3. _____

Student Career Goals:

1. _____
2. _____
3. _____

Services	Check all that apply (√)	Staff only (date completed)	Staff Initials
Financial Aid Assistance			
I need help with my financial aid			
I want to learn more about scholarship opportunities			
Academic			
I would like to learn more about my learning style			
I need time management			
I need to improve my writing skills			
I need a tutor			
I need to improve my study habits and skills			
I need to improve my reading skills			
I am on academic probation			
I am returning from suspension			
Personal Concerns			
I am worried about family matters			
I am having childcare problems			
I don't know how to meet other people and get involved			
I am homesick			
I am pregnant			
I have health issues			
Career Development			
I want to learn more about careers that match my skills, interests and hobbies			
I would like to obtain occupational information			
I want to know more about volunteer opportunities that would connect me to my major			
I need help with building and developing a resume			
I want to enhance my communication skills			
I need help with applying for graduate school			
Disabilities			
I would like to learn more about or take advantage of disability support services			

Summary of SSS Services Available to Participants:

- An assigned counselor to provide you with individual, personal attention
- Educational, personal, and/or career assessment
- Transfer assistance and campus visits to four-year institutions
- Assistance for students with disabilities
- Tutoring
- Workshops
- Financial aid assistance
- Cultural enrichment opportunities

To maintain the supportive services offered by the SSS Program, I agree to abide by the following. *Please read each statement carefully and sign at the bottom:*

1. Attend mandatory orientation session required for final acceptance.
2. Attend classes regularly.
3. Inform my instructors of absences before I miss class.
4. See the SSS counselors a minimum of two times a month (first year students)/three times a semester (second year students) for help with academic /career counseling and and/or transfer assistance.
5. Inform the SSS counselors of any academic difficulties.
6. Attend one cultural enrichment activity a semester.
7. Attend two workshops as part of my educational plan each semester.
8. Be actively involved in my education. The SSS staff may suggest options, but it is I who makes the decisions that affect my educational and life goals.

_____ Take advantage of the writing center.

_____ Visit career services.

_____ Take advantage of tutoring services.

Release of Information:

I hereby authorize the Student Support Services staff to obtain my records or data pertinent to my participation in the program from the Admissions Office, Registrar’s Office, and Financial Aid Office.

I also authorize the college, or a professional associated with it, to access and release data for purposes of my academic success.

Student Signature: _____ Date: _____

SSS Staff Signature: _____ Date: _____