**Student Support Services**



**Program Application**

Assigned Retention Specialist: Date \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entry GPA\_\_\_\_\_\_\_

*For office use only*

SS# \_\_\_\_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_\_\_\_\_

(Please Print)

## STUDENT INFORMATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Banner A#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permanent Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_\_ No \_\_\_\_ If no, explain VISA status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_ Optional: Gender \_\_\_\_\_\_\_\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity:  Hispanic  American Indian/Alaskan Native  Asian  Black or African American

White  Native Hawaiian/Other Pacific Islander

1. **EDUCATIONAL INFORMATION**

High School Graduate: Yes \_\_\_\_ No \_\_\_\_ High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year \_\_\_\_

GED: Yes \_\_\_\_ No \_\_\_\_ Year Awarded: \_\_\_\_\_

Current College Ranking (check one):

\_\_\_\_ First-Time Freshman \_\_\_\_ Junior

\_\_\_\_ Returning Freshman \_\_\_\_ Senior

\_\_\_\_ Sophomore \_\_\_\_ Transfer – # of Hours Transferred \_\_\_\_

\_\_\_\_ Certificate Program – Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Bachelor Degree – Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What profession would you like to pursue? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ADDITIONAL INFORMATION**

Have you participated in other TRIO programs? Yes \_\_\_\_ No \_\_\_\_  
\_\_\_\_ Educational Talent Search \_\_\_\_ Upward Bound \_\_\_\_ Student Support Services

At what school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about Student Support Services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ELIGIBILITY CRITERIA**
2. **Income Status**

Have you applied for financial assistance? Yes \_\_\_\_ No \_\_\_\_ Date applied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, were you awarded financial aid? Yes \_\_\_\_ No \_\_\_\_

Did the financial aid award meet your entire financial aid need? Yes \_\_\_\_ No \_\_\_\_

Do you receive any of the following (check all that apply)?

\_\_\_\_ Social Security Benefits \_\_\_\_ Veteran’s Benefits

\_\_\_\_ Vocational Rehabilitation Benefits \_\_\_\_ Public Assistance

Did your parents claim you when they filed their taxes last year? Yes \_\_\_\_ No \_\_\_\_

1. **First Generation Stations (Do NOT leave blank)**

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

Grade Jr. High High 2-Year 4-Year Beyond

School School School College College 4- Year

Mother \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Father \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

1. **Disability Status**

Do you have a federally recognized disability (learning or physical disability)? Yes \_\_\_\_ No \_\_\_\_

Please explain; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, have you registered with the Disability Coordinator? Yes \_\_\_\_ No \_\_\_\_

Your disability must be verified with the Disability Coordinator.

*Note: Students with disabilities should contact the Disability Coordinator for disability verification and accommodation services. Ferguson Hall (FH) 112, (432) 837-8203.*

All of the information provided on this application is true and accurate to the best of my knowledge.

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

*Student Support Services*

*Sul Ross State University*

*Box C-55*

*Alpine, TX 79832*

*Office (432) 837-8118, Fax (432) 837-8804*

**Please provide the following financial information from your most recent tax return:**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Filing Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List year of income tax return

Adjusted Gross Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number in Household: \_\_\_\_

Filing Status (circle one): Single Married-Filing Jointly

Married-Filing Separately Head of Household Qualified Widow(er)

Taxable Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

***\*\*\*\*\*NOTE: STUDENT WILL SIGN BELOW ONLY IF HE/SHE HAS FILED AS INDEPENDENT\*\*\*\****

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**Fax this form back to:** (432) 837-8804

**Or Mail this form to:** Student Support Services

Box C-55

Alpine, TX 79832

SUL ROSS university of the big bend.jpg

Student Support Services has my permission to retrieve my financial aid information from the Financial Aid Office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Student’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

**Student Support Services is a federal TRIO program funded through a grant from the U.S. Department of Education. Acceptance into the program is contingent upon meeting eligibility criteria and space availability.**