



PLEASE NEATLY PRINT ALL INFO



To determine eligibility, please complete this form. The information you provide is confidential! This information is required because TRiO SSS is a federally funded program and students who wish to participate must meet certain requirements. Please print neatly.

APPLICATION

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name (if applicable): _____ Social Security #: _____

Date of Birth (MM/DD/Year) ____/____/____ Gender: ____ Male ____ Female

Email Address (REQUIRED): _____

Street Address _____

City _____ State _____ Zip Code _____ Cell #: _____

Home Phone: _____ Work Phone: _____ Message Phone: _____

Status: ____ Single ____ Married ____ Single Parent ____ Widowed ____ Divorced

Listed are the criteria for an **independent** student: at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, someone with legal dependents other than a spouse, an emancipated minor or someone who is homeless or at risk of becoming homeless.

Are you a dependent student? [] Yes [] No Are you an independent student? [] Yes [] No

Have you ever been a TRiO participant? _____ If yes, where? _____

Please list the degree you are seeking? _____

Do you consider yourself to be Hispanic/Latino (a) ____ Yes or ____ No

Race/Ethnicity (check all that apply)

____ Alaskan Native ____ Pacific Islander ____ African-American ____ Caucasian ____ Asian ____ Native American

Are you now or have you ever been in foster care? ____ Yes ____ No

Are you now or have you ever been homeless? ____ Yes ____ No If yes, where are you living? _____

CONTRACT

I understand that the goal of this program is to retain and graduate eligible students. I fully understand that being in Student Support Services is a privilege. I understand that:

- 1) I will be assigned a counselor
- 2) I will have use of the computer lab
- 3) I will utilize tutoring (online and/or on-campus), counseling (academic, transfer/career, and/or personal/financial), study skills help, academic pre-advising, peer support, cultural activities, and various workshops

Please initial below:

I am aware that **I am required** to:

- _____ 1) Meet with the TRiO Director at least one time during the semester and then as needed after initial visit.
- _____ 2) Meet with a counselor a minimum of two times during the semester and then as needed following the two required visits.
- _____ 3) Attend a minimum of one study skills workshop, TRiO activity, and/or cultural educational activity per semester
- _____ 4) If I am on academic probation or receive an early alert, I agree to contact TRiO to set up an academic plan of action then meet again for a follow-up visit.
- _____ 5) Cooperate with follow-up surveys, questions, etc...
- _____ 6) Comply with all TRiO rules and guidelines in order to remain eligible in the SSS program provided by College of the Ouachitas.

I am interested in participating in the Student Support Services program in order to achieve my educational goal. I agree to participate in all recommended services and will keep all appointments until my goals are met. I further agree that I will complete recommended assessment tools. I give permission for my image, photographs, and/or name, or data to be used in TRiO media, brochures, pamphlets, PowerPoints, etc. I have read the foregoing in full and hereby certify that to the best of my knowledge, all information contained herein is accurate. I give permission to the SSS program to secure my high school transcript/GED scores, ACT/COMPASS/NET scores, financial aid information, and other needed academic/financial information from appropriate agencies (i.e. DHS, Rehab Services, Single Parent Program, VA, etc.) in order to provide services. I agree to contact SSS counselors on a monthly basis. I agree to sign in and out through a database program when appropriate.

Participant Signature

Date

***A COPY OF LAST YEAR'S INCOME TAX RETURN IS REQUIRED UPON SUBMISSION OF THIS DOCUMENT. TRiO IS A FEDERALLY FUNDED PROGRAM AND IS* REQUIRED TO OBTAIN THIS INFORMATION FOR THE PURPOSE OF PROCESSING YOUR APPLICATION. IF YOU DID NOT FILE TAXES, PLEASE LET OUR STAFF KNOW WHEN YOU TURN IN YOUR APPLICATION FOR OUR PROGRAM. THANK YOU.**

