

STUDENT SUPPORT SERVICES MARSHALL UNIVERSITY

APPLICANT INFORMATION			
Last Name	First	M.I.	DATE
Social Security No.		MU ID No.	
Home Address		Apt. #	Telephone
City	State		ZIP Code
Campus Address (If Applicable)		Apt. #	Telephone/Cell phone
City	State		ZIP Code
Marshall E-MAIL address:		Alternate E-MAIL address:	

Because Student Support Services is a federally funded program, the following personal data questions are asked for statistical purposes. None of this information will be used for determining your eligibility to participate in the program.				
Date of Birth	/	/	Gender	<input type="checkbox"/> F <input type="checkbox"/> M Veteran <input type="checkbox"/> YES <input type="checkbox"/> NO
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Do you have dependents? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many? _____
Race	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____			
Do you currently receive any of the following benefits:	<input type="checkbox"/> Vocational Rehab	<input type="checkbox"/> Veteran's	<input type="checkbox"/> Unemployment/Worker's Comp	<input type="checkbox"/> Public Assistance
Prior participation in TRIO:	<input type="checkbox"/> Student Support Services <input type="checkbox"/> Upward Bound <input type="checkbox"/> Talent Search <input type="checkbox"/> EOC <input type="checkbox"/> None If yes, where was the program located?			
Enrollment Information	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
College:	<input type="checkbox"/> University College <input type="checkbox"/> Business <input type="checkbox"/> Liberal Arts <input type="checkbox"/> Nursing/Health Professionals <input type="checkbox"/> Education/Human Services <input type="checkbox"/> Science <input type="checkbox"/> Journalism <input type="checkbox"/> Fine Arts <input type="checkbox"/> Community College <input type="checkbox"/> CITE <input type="checkbox"/> Board of Regents			
Major:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
High School GPA? _____	Did you complete any college courses while in high school? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, please indicate college, course, and grade received _____			

ELIGIBILITY DATA
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been out of the classroom for five or more years? <input type="checkbox"/> YES <input type="checkbox"/> NO Last year you were in school? _____
Please indicate the highest level of education for your parent/guardian (i.e. High School, College): Mother _____ Father _____ Other _____
Did either of your parents/guardians graduate from college with a 4 year (Bachelor) degree? <input type="checkbox"/> YES <input type="checkbox"/> NO

Current Family Size (total persons in household): _____	Total taxable income (if known): \$ _____
Source of income (if known): _____	You may be asked to provide a copy of your income taxes for eligibility purposes.
Did you or will you apply for financial aid for the 2014-15 academic year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been awarded any financial aid for the 2014-15 academic year? If yes, indicate what financial aid you will receive:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Pell Grant <input type="checkbox"/> Student Loan <input type="checkbox"/> WV Higher Ed Grant <input type="checkbox"/> Scholarship _____ <input type="checkbox"/> Work Study	
Do you have a qualifying disability (learning, mental, or physical)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain: _____	
If Yes, are you registered with the Disabled Student Services Program at Marshall University?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, can you provide documentation for your disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you referred to the program? If yes, who referred you?	

STATEMENT OF RESPONSIBILITY (initial each item):

_____ As an Incoming Freshmen Participant to the SSS program, I agree to attend at least 1 WOW week activity, attend UNI 101 classes, attend at least 1 enrichment/workshop each semester, and meet with my SSS Counselor once a week for my first academic year.
_____ As a Sophomore Participant to the SSS program, I agree to attend at least 1 enrichment/workshop each semester and meet with my SSS Counselor bi-monthly for that academic year.
_____ As a Junior or Senior Participant to the SSS program, I agree to meet with my SSS Counselor three times each semester for that academic year.
_____ I agree to utilize additional university resources, including referrals to counseling, as recommended by SSS staff.
_____ I agree to notify SSS of any changes in name, address, e-mail address, or phone number.
_____ I agree to notify SSS if I plan to withdraw or transfer from Marshall University, change my major, or drop a class.
_____ I agree to check my Marshall e-mail account on a regular basis for important program notifications and communications.
_____ I understand as part of my responsibility in the program I am required to participate in job shadowing hours to explore a possible career/degree choices.
_____ I understand spaces are limited and I may not be accepted into the program even though I meet one or more eligibility requirements.

STUDENT RELEASE OF INFORMATION (read and sign the following statement):

I authorize the TRIO Student Support Services (SSS) Program to gather personal information concerning my academic progress and financial aid status prior to and during my participation in SSS. No one may see this information unless he/she works with or for the SSS program or is specifically authorized to see the information.

My signature gives the SSS Program permission to access my financial, medical, and academic records at Marshall University or any other educational institution I have attended. These records include admissions information, high school and college transcripts, financial aid applications, course schedules and grades, disability documentation, scores, and evaluations deemed necessary for completion of reports required by the Department of Education. My signature also gives SSS staff permission to consult any faculty and staff at Marshall regarding my academic status.

I understand my picture may be taken during SSS activities for the use on brochures, web pages, etc. and I give consent to SSS to use these pictures.

I certify that I have read and agree to the conditions outlined in the statement above.

Signature _____	Date _____
Parent/Guardian signature _____ (if under 18 years)	Date _____

STUDENT SUPPORT SERVICES MARSHALL UNIVERSITY

Please answer the following questions, in the space provided for each. You should answer with a minimum of three or four sentences, or attach additional pages if needed.

1. Why are you attending college?

2. Why are you interested in being a member of Student Support Services?

3. What do you believe your strengths and weaknesses will be, as an incoming college freshman student? If you are a returning student, name your academic strengths and weaknesses.