

# Student Support Services

K-State at Salina

2310 Centennial Rd, Salina KS 67401

(785) 826-2973

www.sal.k-state.edu/trio



## Application for Services



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

All information will remain confidential and will be used for A) eligibility determination, B) student demographic record keeping, C) needs assessment, D) federal reporting, E) other administrative purposes.

<b>Personal Information</b>	Name: Last: _____ First: _____ MI: _____		Gender: M F	Date of Birth: _____	Wildcat ID #: _____
	Address: Street/Apartment:  City/State/Zip:  Home Phone: ( ) _____ Cell Phone: ( ) _____	Permanent (Parent's) Address: Street/Apartment:  City/State/Zip:  Permanent (Parent's) Phone: ( ) _____	Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other	Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International Student	
<b>Service Information</b>	<b>E-Mail:</b> (Please provide the address you use frequently)				
	<ul style="list-style-type: none"> <li>➤ For which academic year are you requesting services? _____</li> <li>➤ If you are returning SSS participant, when was your last year with SSS? _____</li> <li>➤ Have you participated in other TRiO programs (Talent Search, Upward Bound, Educational Opportunity Center, McNair Scholars) or GEAR UP? <b>Y N</b> If so, which one? _____</li> <li>➤ Are you currently participating in other TRiO programs? <b>Y N</b> If so, which one? _____</li> </ul>				
<b>Education and Academic Need</b>	Degree(s) and Diplomas Held: <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma Graduation Date: _____  <input type="checkbox"/> Associate's <input type="checkbox"/> B.A., B.F.A., B.S., B.G.S.	KSU Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior  Planned Major: _____  <input type="checkbox"/> Undecided	SSS Services Requested: (Check all that apply) <input type="checkbox"/> Reading Skills <input type="checkbox"/> Math Skills <input type="checkbox"/> Tutoring Assistance <input type="checkbox"/> Academic Counseling/Advising <input type="checkbox"/> Cultural and Academic Enrichment <input type="checkbox"/> Writing Skills <input type="checkbox"/> English Course Assistance <input type="checkbox"/> Personal Counseling <input type="checkbox"/> Study Skills <input type="checkbox"/> Financial Aid Referrals	If you will be requesting tutoring services, please stop by Tullis Building, Room 103 to sign up.  <b>Note:</b> Tutors will be assigned according to availability at the time of your request. The maximum hours per week per subject are three hours.	

(Please complete both sides)

<b>Eligibility</b>	<b><u>Income Status</u></b>	<b><u>First Generation College Status</u></b>			<b><u>Disability Status</u></b>
	Are you currently receiving financial aid through the KSU Office of Student Financial Aid? <b>YES NO</b> If <b>NO</b> , why not?  <input type="checkbox"/> I have not applied, but I will apply to receive aid for this year.  <b>I am not eligible...</b> <input type="checkbox"/> For financial reasons <input type="checkbox"/> For academic reasons <input type="checkbox"/> Other:	Your <b>mother's</b> highest degree: <input type="checkbox"/> 8 <sup>th</sup> Grade <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Unknown  <hr/> Were you living with your mother prior to your 18 <sup>th</sup> Birthday? <b>YES NO</b>	Your <b>father's</b> highest degree: <input type="checkbox"/> 8 <sup>th</sup> Grade <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Unknown  <hr/> Were you living with your father prior to your 18 <sup>th</sup> Birthday? <b>YES NO</b>	Your <b>guardian's</b> highest degree: <input type="checkbox"/> 8 <sup>th</sup> Grade <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Unknown  <hr/> Were you living with your guardian prior to your 18 <sup>th</sup> Birthday? <b>YES NO</b>	Do you want to declare a disability? <b>YES NO</b> If so, is documentation regarding your disability filed with Student Support Services Office? <b>YES NO</b> No disability documentation is to be attached to this application. It just must be on file in the SSS office.

**Statement of Verification:**  
 To the best of my knowledge, the above information is true. \_\_\_\_\_  
Initial here

**Statement of Agreement and Consent:**  
 I authorize Student Support Services to gather my ACT scores, financial aid reports, transcripts, and other necessary information in order to provide me with the services that I have requested, and to make reports to the U.S. Department of Education for the re-funding of this program. I also authorize SSS to obtain periodic reports from my instructors regarding my academic progress for courses in which I am enrolled. I understand that all information will be kept confidential and will be used for the following specified purposes:

1) Student demographic data & record keeping, 2) Program evaluation, 3) Needs assessment, 4) Federal reporting, 5) Other administrative purposes

And also, I, \_\_\_\_\_, hereby release Student Support Services to provide information to the staff and faculty at K-State at Salina that have a need and a right to know about my academic progress/performance.

**Staff Member Signature:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

<b>**FOR OFFICE USE ONLY**</b>				
<b><u>Eligibility Criteria</u></b>	<b><u>Academic Need</u></b>		<b><u>FAM Screen Information</u></b>	<b><u>Approval</u></b>
First Generation? Y N	HS GPA _____ Transfer GPA _____ KSU GPA Cum _____ ACT: English _____ Math _____ Other need: _____	Cohort Year: _____  Date of First Service (12): _____  First Enrollment Date (11): _____  Entry Grade Level (18): _____	Number in Household _____  AGI _____  TRiO Levels _____  <b><u>Person Determining Eligibility:</u></b>  Staff Initials: _____	Continuing Student with Student Support Services?  Y N  <b>FG LI</b> <b>DIS D/LI</b>  No Approval Reason: <input type="checkbox"/> Citizenship req. <input type="checkbox"/> No eligibility met <input type="checkbox"/> Beyond 1/3 cutoff
Disability: Y N	<b><u>Academic Need Codes</u></b> 01- HS GPA 04- ACT 05- Predictive Indicator 07- College GPA 08- GED 09- Failing Grades 11- Multiple 12- Other			
Low Income: Y N				

Mission Statement: The mission of the Student Support Services Program at K-State is to provide personal, academic, and professional assistance to eligible participants while they are working to achieve their personal and professional goals.