

Application for Participation

DEMOGRAPHICS

Name: _____ Fall Spring Summer Semester Year: _____

Permanent Address: _____
Street or Box Number City State Zip

Local Address: _____
Street or Box Number City State Zip

Campus Address: _____ Local Phone #: _____ Permanent Phone #: _____
Room #

Cell Phone # _____ Email Address: _____

Birth Date _____ Male Female Ethnicity: _____ U.S. Citizen: Yes N

SS#: _____ Start Date at FU: _____

Marital Status: Single Married Widow Divorced Children: Yes No How many: _____

Do you have a documented* Physical or Learning Disability: Yes No
*(Documentation must be on file in the Disabilities Program Director's Office)

Emergency Contact Person: _____
Name Phone # Relationship

STUDENT'S EDUCATION

Degree enrolled in at FU: Major: _____ Associates Bachelors

First-Time College Student Transfer Student Continuing at FU Re-enrolled at FU

Transferred from _____ If re-enrolled last date attended _____

Note: If you already have a Bachelors Degree, you do not qualify for this program

High School: _____ Graduation Date: _____

GED: Yes No Year Awarded: _____ Scores: ACT: _____ SAT: _____

PARENT'S EDUCATION

Father's Education: (Highest Level) Jr. High High School Some College 2 year degree 4 year degree or higher

Mother's Education: (Highest Level) Jr. High High School Some College 2 year degree 4 year degree or higher

RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize permission for TRiO Student Support Services to have access to assessment, placement, and testing information in my files. I understand that this information is necessary to obtain academic support services from the TRiO Student Support Services Program. I further understand that any information about me is confidential. This information is not to be shared with any other individual or agency without my expressed consent.

RELEASE OF FINANCIAL INFORMATION

I, _____, give my consent for the TRiO Student Support Services Program to have access to and to hold the copies of my financial aid records and my federal income tax information, to confirm my income eligibility requirement for the program as stipulated by the U.S. Department of Education. All financial records will remain confidential and will not be shared with other individuals or agencies without my expressed consent.

If you are a DEPENDENT STUDENT according to Financial Aid Guideline please complete the following:

Parent(s) or Guardian(s) Name(s): _____

Home Address: _____
Street or Box Number City State Zip

Home Phone #: _____ Work Phone #: _____

I certify that all the above information is true and complete to the best of my knowledge.

Student Signature

Date

Staff Signature

Date