



Student Support Services Application Form



1. Social Security Number: _____ Term: _____
 School ID Number: _____

2. Name: _____
Last First MI

3. Mailing Address: _____
Street City State Zip

4. Home Phone Number: (____) _____ Other Number: (____) _____

5. Birth Date: _____ 6. Gender: Male Female

7. Ethnic Background: (Enter the proper code in the box)

1. American Indian or Alaskan Native 5. White
 2. Asian 6. Native Hawaiian or other Pacific Islander
 3. Black or African American 7. More than one race
 4. Hispanic or Latino 8. Other: _____

8. Class level at time of planned enrollment: Freshman Sophomore Junior Senior

9. Year in which you first began college or postsecondary coursework, either at CSU San Marcos or in another institution: _____
Month/Day/Yr

Academic Need

One of the criteria for admission into SSS is that participants demonstrate some type of academic need. We will consider your GPA, admissions and placement exam scores (SAT, ACT, ELM, EPT), as well as other factors. Please answer all of the following questions to assist us in determining your academic needs. Note that there is no right or wrong answer. Your honesty is important in providing you with the best possible services.

	Yes	No
1. Is it difficult for you to take notes in classes?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a hard time understanding what you read?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is preparing for and/or studying for tests a challenge?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is it difficult for you to remember / memorize information?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you feel that your writing skills could use improvement?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is mathematics a difficult subject for you?	<input type="checkbox"/>	<input type="checkbox"/>
7. Could your computer skills be improved?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you feel confident in setting academic and personal goals?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is it difficult for you to manage your time?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel anxiety when taking tests?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you frequently feel stressed when in a school environment?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel that your native spoken language may interfere with your ability to succeed in a university environment?	<input type="checkbox"/>	<input type="checkbox"/>

Student Support Services Eligibility and Verification Form

Citizenship Status:

 U.S. Citizen

 Permanent Resident

 Other _____

Student Support Services is a federally funded program which requires all eligible participants to be eligible for Federal Financial Aid (i.e., U.S. Citizens, legal permanent residents, etc)

First Generation Verification:

Highest educational level or grade your father and your mother completed: *(Check one for each person)*

	Father	Mother
➤Elementary School (K-8)	<input type="checkbox"/>	<input type="checkbox"/>
➤High School	<input type="checkbox"/>	<input type="checkbox"/>
➤College (less than four years)	<input type="checkbox"/>	<input type="checkbox"/>
➤College (Bachelor's degree or higher)	<input type="checkbox"/>	<input type="checkbox"/>
➤Unknown	<input type="checkbox"/>	<input type="checkbox"/>

Low Income Verification:

Student Dependent / Independent Status

	Yes	No
➤ Were you born before January 1, 1984?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Are you a veteran of the US Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Are you, or prior to age 18, were you a ward of the court or an orphan?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Do you have legal dependents (other than a spouse) who receive more than half of their support from you?	<input type="checkbox"/>	<input type="checkbox"/>

**If you checked "YES" to one or more of the boxes above, provide the following information for an Independent Student in Section A.*

**If you checked "No" to ALL of the boxes above, provide the following information for a Dependent Student in Section B.*

Section A.

Independent Student:

➤Number of people in your household (including yourself): _____

➤Your actual or estimated **Total Taxable Income** from most recently filed tax form is: *(check one of the boxes below)*

Check only one:

- Below \$15,600
- \$15,601 - \$21,000
- \$20,001 - \$26,400
- \$26,401 - \$31,800
- \$31,801 - \$37,200
- \$37,201 - \$42,600
- \$42,601 - \$48,000
- \$48,001 - \$53,400
- \$53,401 and above

Student Signature

Date

Section B.

Dependent Student:

➤Number of people in your household (including yourself): _____

➤Your actual or estimated **Total Taxable Income** from most recently filed tax form is: *(check one of the boxes below)*

Check only one:

- Below \$15,600
- \$15,601 - \$21,000
- \$20,001 - \$26,400
- \$26,401 - \$31,800
- \$31,801 - \$37,200
- \$37,201 - \$42,600
- \$42,601 - \$48,000
- \$48,001 - \$53,400
- \$53,401 and above

Parent Signature

Date

Disability Verification:

Having a disability, as defined under federal law, is one of the criteria that may make a student eligible to receive SSS program services.

Do you believe you may be eligible for the SSS Program by virtue of disability? Yes No

If so, have you documented your disability with the CSU San Marcos Disabled Student Services Office? Yes No

Program Interest Questions:

1. Please explain your reason(s) for wanting to be a member of the SSS program.

2. Please explain/list the services that you are hoping to receive from the SSS program.

3. If you were previously a member of another TRiO program, please indicate the name of the program as well as where and when you participated in this program.

Release of Information Waiver:

I, _____, authorize Student Support Services (SSS) to gather information concerning my academic progress (standardized test scores, grade point average, earned credits, transcripts, etc) and financial aid information prior to my participation and throughout my involvement in SSS. I understand that this information is used to assist in the determination of my eligibility for SSS and it will be strictly confidential. I am aware that my eligibility, participation, and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. **I certify that the information provided on this application is true and complete to the best of my knowledge.** I also agree to provide documentation upon request to verify the information reported and I authorize the SSS Program to verify eligibility requirements with other departments on campus, such as the Financial Aid Office or Disabled Student Services. I am aware that the personal information that is provided to the Student Support Services program will be protected under the Family Education Rights Privacy Act of 1974. No one will have access to the information unless they work with or for the SSS Program, or are specifically authorized by me to see the information.

Student Name (Printed)

Student Signature

Date