



# STUDENT SUPPORT SERVICES APPLICATION



## FOR OFFICE USE ONLY

R_____ W_____ M_____ FS_____					
LF		FG		LI	
DI		NS		NE	

SI Leader \_\_\_\_\_ SI Class \_\_\_\_\_

Date \_\_\_\_\_ SSN or Student ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Home Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

Campus Address \_\_\_\_\_  
Box No. Resident Hall Room No.

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race or Ethnic Group \_\_\_\_\_

Number of family members living at home last year \_\_\_\_\_

Date of entry to SAU (semester and year) \_\_\_\_\_

Are you disabled? \_\_\_\_\_ If so, please specify \_\_\_\_\_

Are you currently receiving Arkansas Rehabilitation Disability? \_\_\_\_\_

Are you a citizen or permanent resident of the U.S. or its territories or trusts? \_\_\_\_\_

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

Are you now or have you ever been homeless? \_\_\_ Yes \_\_\_ No

What are the three best days and times that you can attend an SI session during the week?

1<sup>st</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

3<sup>rd</sup> Choice: Day \_\_\_\_\_ Time \_\_\_\_\_



Upon completion of high school or at the time of your 18<sup>th</sup> birthday, did you live with a parent or guardian who had a four-year degree? \_\_\_\_yes \_\_\_\_no

Do you have a grandparent who has/had a four-year degree? \_\_\_\_yes \_\_\_\_no \_\_\_\_not sure

Do you have a great grandparent who has/had a four-year degree? \_\_\_\_yes \_\_\_\_no \_\_\_\_not sure

## STUDENT SELF ASSESSMENT OF NEEDS

I FEEL THAT I AM NOT AS PROFICIENT AS I WOULD LIKE TO BE IN THE FOLLOWING AREAS:

\_\_\_\_READING

\_\_\_\_WRITING

\_\_\_\_PERSONAL COUNSELING

\_\_\_\_STUDY SKILLS

\_\_\_\_ACADEMIC COUNSELING

\_\_\_\_CAREER AWARENESS

\_\_\_\_FINANCIAL COUNSELING

\_\_\_\_COMPUTER INSTRUCTION

\_\_\_\_MATH

\_\_\_\_OTHER

\_\_\_\_TUTORING SUBJECTS

List: \_\_\_\_\_

List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### RELEASE STATEMENT

I do hereby grant permission to the Student Support Services Program (SSS) to obtain any records from the SAU Financial Aid Office that may pertain to my participation in the SSS.

DATE

NAME

The SAU SSS Program does not discriminate on account of race, sex, or national origin.

I am interested in Student Support Services \_\_\_\_\_ I am not interested \_\_\_\_\_

2016-2017