

STUDENT SUPPORT SERVICES APPLICATION

FOR OFFICE USE ONLY

PTR \_\_\_\_ TR \_\_\_\_ CL \_\_\_\_\_ W \_\_\_\_\_ TM \_\_\_\_\_ FS \_\_\_\_\_ HS \_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FG/LI  |  | FG |  | LI |  |
| DI |  | NS |  | NE |  |

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

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Maiden

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

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

Campus Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Box No. Resident Hall Room No.

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can we text you information \_\_\_\_ yes \_\_\_\_ 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?

1st Choice: Day\_\_\_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_\_\_\_\_\_\_\_

2nd Choice: Day\_\_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_\_\_\_\_\_\_\_

3rd Choice: Day\_\_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_\_\_\_\_\_\_\_

2020 - 2021 see back page

Upon completion of high school or at the time of your 18th 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\_\_\_\_\_\_

2020 - 2021