



Application for Services

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

PERSONAL INFORMATION	Name: Last: _____ First: _____ MI: _____		Gender: M F	Date of Birth: _____	KU ID Number: _____	SS#: _____
	Local (KU) Address: Street/Apartment: City/State/Zip: Local (KU) phone: () _____	Permanent (Parent's) Address: Street/Apartment: City/State/Zip: Permanent (Parent's) phone: () _____	Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____		Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International Students	
E-mail (required): _____						
SERVICE INFORMATION	<ul style="list-style-type: none"> ➤ What SEMESTER/YEAR are you requesting services for with SES? _____ ➤ If you are a returning SES participant, what was your last SEMESTER/YEAR with SES? _____ ➤ If you are a new applicant, how did you hear about this program? _____ ➤ Have you participated in other TRIO programs (Talent Search, Upward Bound, Educational Opportunity Center, McNair Scholars) or GEAR UP? Y N If so, which one? _____ ➤ Are you currently participating in other TRIO programs? Y N If so, which one? _____ 					
	EDUCATION & ACADEMIC NEED	Degree(s) and Diplomas held: <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> B.A., B.F.A., B.S., B.G.S <input type="checkbox"/> Master's or Doctorate <input type="checkbox"/> Other: _____ H.S. Graduation Date: _____ H.S. GPA _____		KU Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other: _____ Major: _____ <input type="checkbox"/> undecided <input type="checkbox"/> am accepted into major <input type="checkbox"/> have applied for entrance into major <input type="checkbox"/> will apply for major (semester/year) _____		SES Services Requested: <i>(check all that apply)</i> <input type="checkbox"/> Course Specific Tutoring assistance <input type="checkbox"/> Reading skills <input type="checkbox"/> Math skills <input type="checkbox"/> Writing skills <input type="checkbox"/> Study skills <input type="checkbox"/> Cultural and Academic Enrichment <input type="checkbox"/> English proficiency (ESL) <input type="checkbox"/> Academic counseling/Advising <input type="checkbox"/> Personal counseling <input type="checkbox"/> Career counseling <input type="checkbox"/> Financial Aid counseling <input type="checkbox"/> Graduate school counseling <input type="checkbox"/> Computer/laptop loaners <input type="checkbox"/> Computer/equipment skills
If you are requesting tutoring, please provide the course name and number of the class/es to be tutored: _____ _____ _____ <p style="text-align: right;"><i>Note: Tutors will be assigned according to availability at the time of your request.</i></p>						

ELIGIBILITY	<u>INCOME STATUS</u>	<u>FIRST-GENERATION COLLEGE STATUS</u>			<u>DISABILITY STATUS</u>
	Are you currently receiving financial aid through the KU Office of Student Financial Aid? YES NO	Your <u>mother's</u> highest degree:	Your <u>father's</u> highest degree:	Your <u>guardian's</u> highest degree:	Do you have a disability? YES NO
	If <u>NO</u> , why? <input type="checkbox"/> I have not applied, but I will apply to receive aid for this year	<input type="checkbox"/> 8 th 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	<input type="checkbox"/> 8 th 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	<input type="checkbox"/> 8 th 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	If so, is documentation regarding your disability filed with the University of Kansas Disability Resources office? YES NO
	I am not eligible... <input type="checkbox"/> For financial reasons <input type="checkbox"/> For academic reasons <input type="checkbox"/> Other	Were you living with your mother prior to your 18 th birthday? YES NO	Were you living with your father prior to your 18 th birthday? YES NO	Were you living with your guardian prior to your 18 th birthday? YES NO	If so, a Disability Resources verification form must be attached to the application. Attached? YES NO

STATEMENT OF VERIFICATION:

To the best of my knowledge, all information provided on this application, including the above eligibility information, is true.

STATEMENT OF AGREEMENT AND CONSENT:

I authorize Supportive Educational 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 SES 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:

- | | |
|--|----------------------------------|
| a. student demographic data & record keeping | d. federal reporting |
| b. program evaluation | e. other administrative purposes |
| c. needs assessment | |

I have read and agree with the Statement of Verification and the Statement of Agreement and Consent.

STUDENT SIGNATURE

DATE

STAFF MEMBER SIGNATURE

-FOR OFFICE USE ONLY-

<u>ELIGIBILITY CRITERIA</u>	<u>ACADEMIC NEED</u>	<u>ACADEMIC STRENGTHS</u>	<u>APPROVAL</u>
First Generation: Y N	01 --HS GPA (<2.5) _____	<input type="checkbox"/> ACT >21 or higher	Continuing Student? Y N
Disability: Y N	02 --Admission test scores (ACT <20) _____	<input type="checkbox"/> Most recent Cum GPA is above 2.4.	First year of participation: _____
Documentation attached: _____	05 --Predictive Indicator (Freshmen Status, Transfer Student, Multiple)	<input type="checkbox"/> Course/assignment grades above "C" in particular subject.	(eligib. doc. in original file)
Y N	06 --Diagnostic tests	<input type="checkbox"/> Other: Persistence toward graduation, letter of recommendation.	FG LI
Low Income: Y N	07 --College GPA (< 2.5)		DIS D/LI
Documentation Attached: _____	KU GPA _____ Transfer GPA _____		Academic Need: _____
Y N	08 --GED		<u>NO APPROVAL</u>
Cont. Student? Y N	09 --Failing grades		Reason:
Term last participated: _____	10 --5+ years out of school		<input type="checkbox"/> Citizenship req.
	11 --Other _____		<input type="checkbox"/> No eligibility met
	12 --English Proficiency		<input type="checkbox"/> Beyond 1/3 cutoff
	13 --Education/Career goals	<u>PERSON DETERMINING ELIGIBILITY:</u>	
	14 --Academic preparedness		
	15 --Need for academic support		