

* Please complete this form and return to: **TRiO Student Support Services • Eastern Illinois University • 600 Lincoln Avenue • Charleston, IL 61920** as soon as possible to assist us in establishing an EIU TRiO Alumni Association.



EIU TRiO Alum

Attach professional looking picture here, mail or email to: Maggie L. Burkhead, Director of TRiO/SSS
mlburkhead@eiu.edu.
217-581-7849

Today's Date: _____

Full Name (Maiden Name in parenthesis if applicable):

Current Mailing address: _____

Current phone #: _____ **Current cell phone #:** _____

Current e-mail: _____

TRiO Program: TRiO Student Support Services

Attending years: _____

Undergraduate School: Eastern Illinois University

Bachelor's Degree Attained: _____ **Date of Degree:** _____

Name of Graduate School if Attended: _____

Master's Degree and/or higher Attained: _____ **Date of Degree:** _____

Career Path:

Current Position/Dates: _____
(Title, Organization, or Company Name and City)

Previous Position(s)/Dates: _____
(Title, Organization, or Company Name and City)

Major benefit(s) you received from the TRiO/SSS Program:

Your advice to future TRiO/SSS Students:

(ADDITIONAL COMMENTS/ACCOMPLISHMENTS OF GRADUATE):