

## TRIO/STUDENT SUPPORT SERVICES APPLICATION EASTERN ILLINOIS UNIVERSITY

Name: \_\_\_\_\_  
Last First Middle

SSN: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone: ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: [ ] M [ ] F Marital Status: [ ] Single [ ] Married

Are you a U.S. citizen? [ ] Yes [ ] No If no, are you a permanent U.S. resident? [ ] Yes [ ] No

If U.S. resident, print your Alien registration #: A- \_\_\_\_\_ (Attach a copy of both sides of your Alien Registration Card.)

### Ethnicity:

( ) American Indian/Alaskan Native ( ) Asian ( ) Black or African American ( ) Hispanic or Latino

( ) Native Hawaiian or Pacific Islander ( ) White ( ) Multi-Racial, describe: \_\_\_\_\_

### Parent/Guardian Information:

Mother \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (OCCUPATION)

Father \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (OCCUPATION)

With whom do you live: Mother and Father \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_  
Guardian \_\_\_\_\_ Other \_\_\_\_\_

### Highest Level of Education Completed

	High School	College
Mother	1 2 3 4	1 2 3 4
Father	1 2 3 4	1 2 3 4
Guardian	1 2 3 4	1 2 3 4

### Degree Completed (list below):

Highest Degree Obtained  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you (or were you until age 18) a ward/dependent of the court? [ ] Yes [ ] No

Are you registered with Disability Services at Eastern Illinois University? [ ] Yes [ ] No

Have you applied for Financial Aid for the current academic year? [ ] Yes [ ] No

Do you receive Financial Aid? [ ] Yes [ ] No

Referral Source to our Student Support Services Program: \_\_\_\_\_

Have you previously participated in a U.S. Department of Education TRiO Program? [ ] Yes [ ] No

If yes indicate when: \_\_\_\_\_ location: \_\_\_\_\_

[ ] Educational Talent Search [ ] Upward Bound [ ] Student Support Services [ ] Educational Opportunity Center

**What is your need for academic support in our program?** (Check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> General Career Counseling                              | <input type="checkbox"/> Academic Counseling                            | <input type="checkbox"/> Personal Counseling  |
| <input type="checkbox"/> Selecting Courses                                      | <input type="checkbox"/> Multicultural Programs                         | <input type="checkbox"/> Preparing a resume   |
| <input type="checkbox"/> Interview Techniques                                   | <input type="checkbox"/> Test Taking Skills                             | <input type="checkbox"/> Applying to Graduate/<br>Professional Schools                      |
| <input type="checkbox"/> Obtaining Internships                                  | <input type="checkbox"/> Graduate School visits                         | <input type="checkbox"/> Faculty/Staff Mentoring Program                                    |
| <input type="checkbox"/> Financial Aid Assistance                               | <input type="checkbox"/> Leadership Development                         | <input type="checkbox"/> Participating in Summer Research<br>Programs at other Universities |
| <input type="checkbox"/> Academic Preparedness<br>for college level course work | <input type="checkbox"/> Assist with Educational<br>and/or Career goals | <input type="checkbox"/> Confidence, Social Skills Building                                 |
| <input type="checkbox"/> Limited English Proficiency                            | <input type="checkbox"/> Scholarship Assistance                         | <input type="checkbox"/> Increase Grade Point Average                                       |
| <input type="checkbox"/> Tutoring   | <input type="checkbox"/> Study/Note Taking Skills                       |   |

**Check the following subjects in which you anticipate a need for tutoring:** (Please check all that apply.)

- |                                     |   |                                       |                                       |
|-------------------------------------|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Math         | <input type="checkbox"/> Sociology    |
| <input type="checkbox"/> Biology    | <input type="checkbox"/> Geology          | <input type="checkbox"/> Microbiology | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chemistry  | <input type="checkbox"/> Health Sciences  | <input type="checkbox"/> Physics      | _____                                 |
| <input type="checkbox"/> English    | <input type="checkbox"/> History          | <input type="checkbox"/> Psychology   | _____                                 |

**List specific ways that you expect to benefit from participation in the EIU Student Support Services Program:** \_\_\_\_\_

**Please describe your personality:** \_\_\_\_\_

**Year in school:**

- New Freshman (0 hrs)     Freshman (0-29 hrs)     Sophomore (30-59hrs)     Junior (60-89 hrs)     Senior (90+ hrs)

**Current GPA:** \_\_\_\_\_ **Check one:**  4.0/Scale or  5.0/Scale **Date of GPA:** \_\_\_\_\_

**Indicate where GPA earned:** High School \_\_\_\_\_ or College \_\_\_\_\_  
(Name) (Name)

**Do you live in a predominately low-income community?**  Yes  No

**Do you live in a rural community?**  Yes  No

**Have you been out of the academic setting for 5 or more years?**  Yes  No

**Do you plan to complete your bachelor's degree at EIU?**  Yes  No

*\*If your parents or the parent you live with (dependent student) or you (independent student) filed an income tax form this current tax year, a **signed** copy (pages 1 & 2) of the completed U.S. federal income tax return (form 1040, 1040A or 1040EZ) must accompany this application. Faxed copies of the tax return will be accepted at 217-581-7951.*

I understand that the information on this form will be used for statistical and eligibility purposes only and held in strict confidence. All statements are true to the best of my knowledge. I will make every effort to provide TRiO/SSS with documentation of income.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

[For questions please contact the TRiO staff at (217) 581-7849 or stop by our office located in Room 3017 - 9<sup>th</sup> Street Hall.]

**Return completed original application to one of the following addresses:**

(Campus Mail):

(U.S. Mail):

TRiO PROGRAM

TRiO/Student Support Services  
Eastern Illinois University  
600 Lincoln Avenue  
Charleston, IL 61920