

**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 resident?** Yes ____ No ____

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 Education (circle below):

	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 registered with Disability Services at Eastern Illinois University? ____ Yes ____ No

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

Referral Source to Student Support Services: _____

Check the program services that you are interested in participating or receiving assistance:

(Please 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"/> Computer Workshops | <input type="checkbox"/> Applying to Graduate/
Professional Schools |
| <input type="checkbox"/> Obtaining Internships | <input type="checkbox"/> Graduate School visits | <input type="checkbox"/> Faculty/Student Mentoring Program |
| <input type="checkbox"/> Assistance with Financial Aid | <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Participating in Summer Research
Programs at other Universities |
| <input type="checkbox"/> Meeting persons of other
backgrounds/race | <input type="checkbox"/> Meeting persons of
my background/race | |
| <input type="checkbox"/> Professional Employment | <input type="checkbox"/> Scholarships | |

Check the following Study Skills Workshops you would be interested in attending:

(Please check all that apply.)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Test-Taking Techniques | <input type="checkbox"/> Test Anxiety | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Note-Taking Techniques | <input type="checkbox"/> Time Management | |

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**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: _____

List unique skills, experiences, and personal attributes you can bring to the program:

Indicate who influenced your decision to attend college:

Mother _____ **Father** _____ **Guardian** _____ **Personal choice** _____ **Other** _____

GPA Information: (4.0/scale)

Current GPA (earned at EIU)

_____ (students that have completed at least one semester at EIU)

Expected GPA:

_____ after completion of first semester at EIU (First semester new freshmen/transfer students, only)

_____ after participation in the Student Support Services Program

Applicant's Signature _____ **Date:** _____

Return completed 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**

If you have questions please feel free to contact the TRIO staff at (217)581-7849 or stop by our office located at Room 3017 - 9th Street Hall.