



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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> General Career Counseling                              | <input type="checkbox"/> Academic Advising                              | <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/ Schools                                      |
| <input type="checkbox"/> Obtaining Internships                                  | <input type="checkbox"/> Graduate School visits                         | <input type="checkbox"/> Computer Skills  |
| <input type="checkbox"/> Financial Aid Assistance                               | <input type="checkbox"/> Leadership Development                         | <input type="checkbox"/> Faculty/Staff Mentoring Program                                    |
| <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"/> Participating in Summer Research<br>Programs at other Universities |
| <input type="checkbox"/> Limited English Proficiency                            | <input type="checkbox"/> Scholarship Assistance                         | <input type="checkbox"/> Confidence, Social Skills Building                                 |
| <input type="checkbox"/> Tutoring   | <input type="checkbox"/> Study/Note Taking Skills                       | <input type="checkbox"/> Increase Grade Point Average                                       |

**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"/> Writing Assistance |
| <input type="checkbox"/> Chemistry  | <input type="checkbox"/> Health Sciences  | <input type="checkbox"/> Physics      | <input type="checkbox"/> Other: _____       |
| <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:**

\_\_\_\_\_  
\_\_\_\_\_

**What is your major?** \_\_\_\_\_ **Minor?** \_\_\_\_\_

**Do you already have a college degree?**  No  Yes, I have a \_\_\_\_\_

**Current 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 GPA earned:** \_\_\_\_\_

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

**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 you, your parents or the parent you live with filed an income tax form this current tax year, a **signed and dated** copy (pages 1 & 2) of the completed U.S. federal income tax return (form 1040, 1040A or 1040EZ) or other approved proof of income, 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:** \_\_\_\_\_

**Parent's Signature (only if student is under 18):** \_\_\_\_\_ **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):

TRIO/SSS PROGRAM

(U.S. Mail):

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

**Eastern Illinois University**  
**STUDENT AGREEMENT CONTRACT**



I accept the offer to participate in the TRIO Program. I understand the benefits of being selected into this program include: 1) Academic Tutoring; 2) Study Skills Enhancement; 3) Cultural Opportunities; 4) Career Counseling; 5) Leadership Development Training; 6) Mentoring; 7) Scholarship Opportunities; 8) Individual Counseling; 9) Advice and Assistance in Course Selection; and 10) Financial Literacy Education. I understand that being selected for the TRIO Program is a privilege and that I am ultimately responsible for my academic progress. I agree to satisfy the following program criteria:

- Meet with my TRiO advisor to develop my Individual Student Plan (ISP) and update plan each semester.
- Attend a **minimum of 2** educational/cultural/workshop activities per semester.
- Meet **monthly** with my TRIO advisor and keep all appointments for coordinated services according to my ISP and attend the **TRIO Mandatory Retreat** (which is held on campus).
- Contact my TRIO advisor if I am in need of tutorial services.
- Keep my TRIO advisor informed of my academic progress and meet with advisor before withdrawing from a course or any other major changes that impact my academic progress.
- Schedule bi-weekly (every 2 weeks) appointments with my TRIO advisor if I am receiving a **D or F at mid-term or if my grade point average falls below a 2.1** to develop a plan of action.
- Check the TRIO web site at [www.eiu.edu/eiutrio](http://www.eiu.edu/eiutrio) at least once per week.
- Check my EIU email account at least twice a week for TRIO and academically related messages.
- Provide updated information (any changes in name, address, email, or phone numbers) to TRIO staff as often as necessary.
- Cooperate with data collection and surveys related to the TRIO Program for the purpose of meeting federal regulations.
- I understand that printing in the TRIO Office is limited to my academic coursework and I am not to copy/print for others or organizations or my printing privileges could be revoked.
- I understand that students who exceed the minimum requirements of the TRIO Program will be given priority ranking in determining **scholarship recipients, attendance at leadership conferences and cultural events.**
- I understand that if I do not actively participate in the TRIO Program that I will be placed on the inactive list and my slot will be filled. After being placed on the inactive list, students may reapply to the program.
- I understand that as part of my educational success, I agree to attend all my classes, complete all my assignments on time, sit up front if I have the option, meet with my professors, and proactively utilize all of my available academic support.

I have read and understand the requirements for participation in the TRIO Program and I agree to abide by the regulations of this program. Parent signature needed if student is under age 18.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (**only if student is under 18**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

TRIO Program Student Agreement – revised Nov 2016



**TRIO/STUDENT SUPPORT SERVICES  
EASTERN ILLINOIS UNIVERSITY**

**RELEASE OF INFORMATION AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize the TRIO/Student Support Services (SSS) program permission to obtain information, which is relevant to my academic success, from personnel at Eastern Illinois University including departmental faculty, administration, and staff in the following departments: Academic Assessment and Testing, Registration, Admissions, Records, Academic Advising, Housing, Writing Center, Career Services, Counseling Center, Disability Services, Financial Aid, Health Services and Office of Student Standards. Information released will be that which is pertinent to academic performance, including factors affecting said performance, for the purposes of retention, graduation and tracking as required by the U.S. Department of Education.

I understand that all information is confidential. This release will be valid during my tenure as an enrolled student at Eastern Illinois University. Parent signature needed if student is under age 18.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (only if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

TRIO Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO EXCHANGE OR REQUEST INFORMATION**

Student information is confidential under the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g. Therefore, your authorization is necessary to permit (a) the release of information concerning your academic progress to your parent(s), guardian(s), or designee and (b) to seek information about your academic progress from teachers and/or other university officials.

The Authorization to Exchange/Request Information is for the above stated purpose.

I, \_\_\_\_\_ hereby authorize the TRiO/SSS Program at Eastern Illinois University to contact either or both of my parent(s), guardian(s), designee and/or teachers to exchange/request academic information including, but not limited to, grades, test scores, and progress reports.

I understand that this authorization is being used to allow the TRiO/SSS Program staff and parent(s), guardian(s), designee and/or teachers to communicate and work together on your behalf.

I understand that I have a right to be told what information was exchanged.

I understand this authorization will be valid until I am formally exited from the TRiO/SSS Program.

I affirm that I am eighteen (18) years of age or older.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Indicate Name(s) of Parent(s), Guardian(s)  
or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of TRiO Staff

\_\_\_\_\_  
Date