

What is Student Support Services?

Student Support Services (SSS) is a federally funded program designed to provide academic assistance and enhance educational opportunities for students. Federal guidelines require students to be from low-income families, first-generation college students, or have a documented disability. Students must also have an academic need for our program. The program is designed to work with students throughout their academic career at Idaho State University until a baccalaureate degree is attained. **This program is offered free of charge to participants.**

Eligibility is based on federally defined criteria:

- Students who meet low-income qualifications
- Students whose parents have not earned a bachelor's degree
- Individuals who have documented disabilities (learning, mentally or physically challenged).

SSS participants must be:

- US citizens or permanent residents
- Admitted and enrolled, or eligible to be enrolled, at ISU
- Pursuing first bachelor's degree
- Needing academic support
- Committed to utilizing academic support to earn a four-year degree

Application Process:

- Complete and return this application to TRIO.
- Schedule and complete an initial conference with an SSS advisor.

Pocatello Campus Location

Student Support Services
Museum Building Room 446
Pocatello, ID 83209
Phone: (208)282-3242
Fax: (208)282-4864

Mailing Address

Student Support Services
921 South 8th Avenue
Pocatello, ID 83209-8345
E-mail: trio@isu.edu
Website: www.isu.edu/trio

How can SSS help you?

Advising:

Academic Advising and Class Scheduling
Campus Orientation
Choosing Majors and Careers

Academic Support:

TRIO First-Year Seminar
Supplemental Instruction;
Tutoring for ISU Courses in Math,
Biology, Chemistry, Statistics,
Physics, and Spanish
Workshops on a Variety of Topics

Financial Assistance:

FAFSA Assistance and Workshops
Financial Literacy Workshops

Graduate School Planning

Workshops on Graduate Education
Field Trips Exploring Graduate
Programs

Computer Space and Referrals:

Study Area with Computers and Printer
Connections to Useful Resources

Advocacy and Mentoring

Please complete all items on the application. Incomplete applications will delay processing and student services. Please type or print clearly. Please complete the information requested. All information supplied in this application will be kept strictly confidential and only shared with the TRIO Student Support Services Staff.

Student Demographic Information

1.) Last Name _____ First Name _____ M.I. _____

2.) Social Security Number _____ - _____ - _____ (required by U.S. Dept. of Ed) Bengal ID# _____

3.) Permanent Mailing Address _____
City _____ State _____ Zip _____

4.) Local Address (leave blank if the same as permanent address) _____
City _____ State _____ Zip _____

5.) Home Phone _____ Cell Phone _____

6.) ISU email _____ Alternate Email _____

7.) Current College Standing (circle one) Freshman Sophomore Junior Senior

8.) Date of Birth ____/____/____ Sex: M F

9.) Ethnicity/Race:

Please check all boxes that the applicant considers him/herself (if any):

Is the applicant Hispanic/Latino? Yes No

American Indian/Alaskan Native

Black/African American

Asian

Native Hawaiian/Pacific Islander

White/Caucasian

10.) Citizenship:

US Citizen

Permanent Resident

What is your permanent resident alien number: _____

11.) High School/Testing/College Information

a. Did you complete high school? Yes No

If **YES**, high school attended and graduation year _____

If **NO**, GED completion date and location _____

b. Did you complete the ACT/SAT or COMPASS? Yes No If **YES**, composite scores _____

c. Intended College Major _____

Student Eligibility Information

11.) Has your mother (legal guardian serving in the role of mother) received/earned a 4-year college/university degree?

Yes No

12.) Has your father (legal guardian serving in the role of father) received/earned a 4-year college/university degree?

Yes No

13.) Do you have a permanent disability?

Yes No

If **YES**, please describe your disability and provide any documentation needed _____

14.) Please answer the following questions about yourself if you (the student) are less than 24 years old,

OTHERWISE skip to #15.

a. Are you married?

Yes No

b. Do you have children or other dependents (other than spouse) who you supply more than half their support?

Yes No

c. At any time since reaching 13 years of age, were you an orphan, in foster care, or a ward of the court?

Yes No

d. Prior to reaching 18 years of age, were you emancipated minor or did you have a court-appointed legal guardian?

Yes No

e. Are you serving on active duty (for other than training purposes) in the Armed Forces?

Yes No

f. Are you a US Armed Forces veteran who was on active duty and was released under conditions other than dishonorable conduct?

Yes No

g. Are you in college and working on a master's (e.g. M.A., M.S.), professional (e.g. M.D., J.D.), or doctoral degree?

Yes No

h. Are you less than 18 years of age and have no parent or guardian?

Yes No

i. Are you homeless (i.e., you lack a fixed, regular, & adequate nighttime residence) or are at risk of becoming homeless?

Yes No

15.) You must answer the following questions about yourself if you are at least 24 years old or you answered **YES** to any of questions on #14.

Your parent(s) must answer the following questions about themselves if you are **less than 24 years old** AND you answered **NO to all questions** on #14.

a. What is the total **number of persons** (including you) in your family? _____

b. Family's taxable (not total) income from the last calendar year

┌ My family's **taxable (not total)** income from the last calendar year was: _____

OR

┌ My family did not file a federal income tax return for them last calendar year.
My family's total income for the last January to December calendar year was: _____

If you (the student) is less than 24 years old and answered NO to all the question in #14 YOUR parent/legal guardian MUST also read and sign this document.

Certification and Signatures

I/We certify that all of the above information is true and complete to the best of our knowledge.

I/We certify that the information provided concerning citizenship is accurate.

I/We authorize the release of my college records to TRIO SSS staff.

I/We understand that the completion of this application does not guarantee acceptance in the TRIO SSS program. I/We authorize the use of my photograph in TRIO SSS publications and media releases.

I/We understand that if I need accommodation for a disability to participate in any of SSS scheduled activities, I need to contact SSS.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Needs Assessment

EDUCATION

When do you expect to complete your bachelor's degree? _____

If you have been out of school for five years or more, when was the last time you were in school? _____

What is your major concern coming back to school?

What are the barriers you feel may hinder your success?

FINANCIAL INFORMATION

How do you plan to finance your education? Check all that apply.

Grants Loans Working Scholarships

Other (Please explain) _____

What have you completed to help you with financing college?

Completed the Free Application for Federal Student Aid (FAFSA) Applied for Scholarships

Do you know how much federal financial assistance is available to you? If so, how much _____

EMPLOYMENT AND FAMILY INFORMATION

Are you employed? Yes No

Do you have more than one job? Yes No

Do you commute to school? Yes No

How many hours per week do you work? _____

Where do you work? _____

If yes, from where? _____

What are your family obligations?

If you are a single parent, what support services do you have?

WHAT SERVICES ARE YOU SEEKING FROM TRIO STUDENT SUPPORT SERVICES? Check all that apply

- Academic advising Class scheduling Tutoring
 Completing financial aid forms Graduate school information Career advising
 Budgeting and financial planning Cultural involvement

NAME TWO BARRIERS THAT YOU FEEL WILL KEEP YOU FROM ACHIEVING YOUR DEGREE?

1.

2.

*****SSS OFFICE USE ONLY*****

First Generation Low-Income Disability
Director Approval _____

SSS Advisor Approval _____
On Data Base (date & initial) _____

(Revised 07/20/12)