EMPORIA STATE UNIVERSITY	RIO	For Office Use Needs Done Request Advising Folder Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2" Make changes to schedule Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2"
For Office Use Empo	oria State University	New schedule sent □ □ Sign up for tutoring □
student Support Services Intake Form		□ Verify income status □ □ Verify FG status □
1 Kellogg Circle, Campus Bo	x 05 • 323 South Morse Hall • 620-341-5097	Needs NP Appt. w/Nyk Date:
Name:		
Name: Full Legal Name		Preferred First Name
Social Security No.	ESU Student ID:	
Campus Address:		
	ile at ESU Residence Hall & Room, local address, or ist write "Campus" for now and we will look it up or get	
Cell Phone:	Home Phone:	
Perm Address:		
(indicate if same as campus address) Street Address; City, State Zip		
Campus Email:	Personal Email:	
Date of Birth:	Gender: 🗌 Male 🔤 Fem	ale
How do you prefer to be contacted:	□ Text □ Both	
Marital Status: Single Marr	ried 🗌 Divorced 🗌 Separated	Widowed
Ethnicity: The USDE requires institutions to coll	-	
Do you consider yourself Hispanic/Lat Race (Please check any and all that apply - MUS	tino? Yes No (If Yes, please also check o	one of the "RACE" options below)
American Indian/Alaskan		Pacific Islander Uwhite
Date you first enrolled or started at ESU?		
1. Are you a U.S. Citizen? Yes No If No, are you a permanent resident? Yes No		
2. Have you participated in other Educational Opportunity Programs (i.e., AVID, GEAR UP, Talent Search, Upward Bound (i.e., AVID, GEAR UP, Talent Search, Upward Bound)? Yes No If yes, name?		
3. Declared Major:	undecided	
4. If you are a transfer student, what school have you	transferred from:	
How many hours are you transferring to ESU (if you	u know)?	
5. Do you plan to complete your degree at ESU?	Yes No	
Eligibility		
 Did either parent or legal guardian(s) with whom you 4-year college degree before you turned 18? 	regularly reside receive a	🗌 Yes 🗌 No
 Will you be or are you currently receiving financial aid If NO, why? Not eligible Have not applied b Other (please explain) 		
 Do you have a learning or physical disability? If Yes, will you or have you filed for services with Es Accessibility and Support Services (SASS) Official 		For Office Use Blumen Access Email Groups INB Attribute Advising List HC Date

As a federally funded program, TRIO Student Support Services (SSS) is required to provide documentation of students' program eligibility. One important aspect of eligibility is verification of "Family Income." Verification requirements vary depending on whether students are independent or dependent. (A list of criteria for independent student status is available at www.fafsa.ed.gov.)

Read each option below, then check and complete ONE of the following based on your status:

□ I am a dependent student (younger than 24: unmarried/not emancipated; parental income reported on the FAFSA):

- Parent/guardian must complete and sign or provide a copy of most recent tax return.
- Number of people support by the family unit:
- Parent/guardian's Taxable Income (not adjusted gross) for the previous year: \$
- Did not file. Total income for previous year: \$

Parent/Guardian Signature

click Fill & Sign and click Sign at top 🏂 sign with mouse or stylus or insert signature image)

I am an independent student (typically 24 or older or married/emancipated; parental income not reported on the FAFSA).

- Student must complete and sign or provide a copy of most recent tax return
- Number of people support by the family unit:
- Student's Taxable Income (not adjusted gross) for the previous year: \$
- Did not file. Total income for previous year: \$_____

□ I DECLINE to provide my financial information, but would still like to be considered for the SSS program.

Statement of Verification

To the best of my knowledge, all information provided on this application is true and complete.

Statement of Agreement and Consent

I understand that the SSS program will use the data provided on this form to assist in determining eligibility and **all information will be kept confidential**.

I authorize Emporia State University Student Support Services to gather my high school and college transcripts, placement scores, FAFSA and scholarship information, disability documentation, ACT scores, and other necessary information in order to provide the services I have requested, and to make reports to the U.S. Department of Education for the re-funding of this program. I also authorize SSS to obtain periodic reports from my instructors regarding my academic progress for courses in which I am enrolled, as well as obtain college enrollment and degree information from National Student Clearinghouse. I understand that all information will be kept confidential and will be used for the following specified purposes:

- a. student demographic data and record keeping
- d. federal reporting

b. program evaluation

Emporia, KS 66801

c. needs assessment

- e. other administrative purposes
- I grant permission to use photographs, quotes, academic accomplishments, statements and/or print my first and last name in any and/or all publications for Student Support Services.

Applications will be held for one year from date of application. Please reapply at that time.

I have read and agree with the Statement of Verification and the Statement of Agreement and Consent.