

Emporia State University Student Support Services Intake Form

1 Kellogg Circle, Campus Box 4005323 South Morse Hall • 620-341-5097

For Office Use Eligibility: Need:

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Name: First Name Middle Initial Last Name

Social Security No. ESU Student ID:

Campus Address: Please do not leave blank. College Address (Where you will live while at ESU - Residential Hall and Room # or a local mailing address)

Cell Phone: Home Phone: Include Area Code

Permanent Address: (Indicate if same as Campus Address) Street Address City State Zip Code

Campus Email: Personal Email:

Date of Birth: Gender: Male Female

How do you prefer to be contacted? Email Text Both

Marital Status: Single Married Divorced Separated Widowed

Ethnicity: The USDE requires institutions to collect data on race and ethnicity. Do you consider yourself Hispanic/Latino? Yes No (If Yes, please also check one of the "Race" options below)

Race (Please check any and all that apply - must check one): American Indian/Alaskan Native Asian Black or African-American Native Hawaiian/Pacific Islander White

Date you will start or first 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)? 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 know)?
5. Do you plan to complete your degree at ESU? Yes No

Eligibility

- 1. Did either of your parents or legal guardian(s) with whom you regularly reside receive a 4-year college degree before you turned 18? Yes No
2. Will you be or are you currently receiving financial aid through the ESU Financial Aid Office? Yes No
If NO, why? Not eligible Have not applied but will apply for this year Financial reasons Academic reasons Other (please explain)
3. Do you have a learning or physical disability? Yes No
If Yes, will you or have you filed for services with ESU's Student Accessibility and Support Services (formerly Disability Services) Office? Yes No

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 supported by the family unit: _____
 - **Parent/guardian's taxable income for the previous year: \$ _____**
(Taxable Income can be found on US Tax Forms: Form 1040 Line 43; Form 1040A Line 27; Form 1040EZ Line 6.)
- Did not file. Total income for previous year: \$ _____

Parent/Guardian Signature _____ Date _____

- I am an **independent student** (typically age 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 supported by the family unit: _____
 - **Student's taxable income (including spouse, if married) for the previous year: \$ _____**
(Taxable Income can be found on US Tax Forms: Form 1040 Line 43; Form 1040A Line 27; Form 1040EZ Line 6.)
- 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 | e. other administrative purposes |
| c. needs assessment | |

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.

Student Signature _____ Date _____

Please return this form by mail to:

TRIO Student Support Services
Emporia State University
1 Kellogg Circle, Campus Box 4005
Emporia, KS 66801

or hand deliver to: 323 South Morse Hall

or email to: Marla Frye, triose@emporia.edu

or fax to: 620-341-5887