

STUDENT SUPPORT SERVICES

1000 ASU DRIVE, #240
LORMAN, MS 39096-7500

APPLICATION INSTRUCTIONS

1. Applications must be legibly printed in black/blue ink or typed
2. APPLICATIONS AND SUPPORTING DOCUMENTS shall be completed in its entirety before submitting.
3. ALL APPLICATIONS AND SUPPORTING DOCUMENTATION shall be SUBMITTED TO: The Student Support Services Office in Lanier Hall 1st Room 128; or MAILED TO: Student Support Services , 1000 ASU Drive, 240 Alcorn State, MS 39096-7500
4. Please ensure that all documents requiring signatures are signed before submitting.
5. Your Complete APPLICATION PACKET shall include:
 - A. Application (signed)
 - B. Family Information Sheet
 - C. Signed Financial Statement
 - D. Dependency Status
 - E. Signed Medical Consent Form
 - F. Proof of Family Income (IRS Tax Form, Social Security Letter, unemployment, etc) (parent(s)/ guardian, student) 2018
 - G. Current Financial Aid award Letter
 - H. Current Academic Transcript
 - I. ACT or Standardized Test Scores
6. Other (any additional information that will help determine eligibility)

STUDENT SUPPORT SERVICES APPLICATION
ALCORN STATE UNIVERSITY
1000 ASU DRIVE, #240
LORMAN, MS 39096-7500



Please print legibly in ink or type. Incomplete applications will not processed

Date _____/_____/_____

ASU Id# _____

PERSONAL DATA

Name _____ SSN# _____

Birth Date: _____ Sex: Male _____ Female _____

Home Address: _____
(Street) (City) (State) (Zip Code)

Campus Box: _____ Campus Phone: _____ Cell Phone: _____

Home Phone: _____ E-Mail Address _____@_____

U.S. Citizen: Yes ___ No ___ Marital Status: Single ___ Married ___ Widowed ___ Divorced ___

Ethnic Background: (please indicate by below)

___ American Indian/Alaskan Native ___ Black/African American

___ White ___ Asian ___ Hispanic or Latino ___ Other

Have you ever been diagnosed with a disability (including learning disabilities)?

Yes ___ No ___ If yes, please explain _____

EDUCATIONAL DATA

Current Classification _____ Major _____

Initial Enrollment Date at ASU _____ Full Time _____ Part Time _____

High School Attended _____ Date of Graduation _____

Former College(s) Attended _____

Dates(s) Attended _____

I have participated in: (Check all that apply)

Upward Bound Math/Science Program _____ Upward Bound Program _____

Student Support Services _____ Educational Opportunity Center _____

Ronald McNair Program _____

Please check below services that may be of interest to you as a potential SSS participant:

Tutoring _____ Personal Counseling _____ Academic Advising _____

Peer Counseling/Mentoring _____ Study Skills _____ Cultural Activities _____

Career Awareness _____ Campus Visitation _____ Work Study Positions _____

Financial Aid Assistance _____ Advice/ Assistance in course selection _____

HOW DID YOU FIND OUT ABOUT STUDENT SUPPORT SERVICES?

Advertisement _____ Friend _____ Faculty/Staff _____

Public Relations _____ Other _____

REFERENCES:

Please list below, four (4) additional references that may be helpful in contacting you (if necessary):

1. _____
(Contact Name) (Address) (Phone)

2. _____
(Contact Name) (Address) (Phone)

3. _____
(Contact Name) (Address) (Phone)

4. _____
(Contact Name) (Address) (Phone)

**Student Support Services Program
Student Contract And Consent
Form**

As a Student Support Services participant, I, _____ do
(Print Name)
hereby agree to abide by the rules and regulations established by the SSS program, I
also agree to
participate in activities provided by the program for my academic and personal growth.

In the event that I withdraw from the university, I will immediately inform the Student Support Services staff, and will report to the office to complete the necessary form(s) prior to exiting the university.

I certify that the above information is true and correct to the best of my knowledge. My signature below authorizes the release of any academic/financial information requested by the Student Support Services program to determine my eligibility and to help maintain personnel files.

Applicant's Signature

Social Security #

Date

Alcorn State University/Student Support Services does not discriminate on the basis of race, color, religion, national origin, gender, age, or disability. It is our intention that all eligible applicants be given equal opportunity according to applicable federal and state laws and the guidelines set by the United States Department of Education (USDE).

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FAMILY INFORMATION

FATHER'S INFORMATION:

Name _____ Deceased? ___yes ___no

Address _____
(Street/Box) (State) (Zip Code)

Phone Number (_____) _____ Email Address: _____

High School Attended: _____
(Name) (City) (State)

Diploma Received? ___Yes ___No Number of years completed: _____

College Attended: _____
(Name) (City) (State)

Bachelor's Degree Received? ___Yes ___No Number of years completed: _____

MOTHER'S INFORMATION:

Name _____ Deceased? ___yes ___no

Address _____
(Street/Box) (State) (Zip Code)

Phone Number (_____) _____ Email Address: _____

High School Attended: _____
(Name) (City) (State)

Diploma Received? ___Yes ___No Number of years completed: _____

College Attended: _____
(Name) (City) (State)

Bachelor's Degree Received? ___Yes ___No Number of years completed: _____

PARENT'S MARTIAL STATUS: ___Married ___Single ___Divorced ___Separated
___Widowed

STUDENT'S MARIAL STATUS: ___Married ___Single ___Divorced ___Separated
___Widowed

Alcorn State University
1000 ASU Drive, #240
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FINANCIAL STATEMENT

Note: This section requires pertinent information regarding you, your spouse (if married) and/or your parent(s) (dependent students) financial status. If the student resides with both parents, income for each parent should be reported. Married students must report income for both you and your spouse.

Student Name _____ Date of Birth _____ Social Security Number _____

DEPENDENT STUDENT

With whom do you live? _____
Name Relationship Address

Did you file a tax return (1040EZ, 1040A or 1040) for 2018? Yes _____ No _____
Did your parent(s) file a tax return (1040A or 1040) for 2018? Yes _____ No _____

Please list all sources of income for 2018 (i.e....unemployment benefits, Social Security, SSI, etc.). List annual amount (s):

Source of Income _____		Parent(s)	Source of Income _____	
Name	Amount		Name	Amount
Source of Income _____			Source of Income _____	
Name	Amount		Name	Amount

How many persons living in your household depend upon your parent(s)' income (include yourself and your parent(s)) _____

INDEPENDENT STUDENT

Did you file a tax return (1040EZ, 1040A or 1040) for 2018? Yes _____ No _____
Did your spouse (if married) file a tax return (1040A or 1040) for 2018? Yes _____ No _____

Please list all sources of income for 2018 (i.e....unemployment benefits, Social Security, SSI, etc.). List annual amount (s):

Student:
Source of Income _____
Name Amount

Spouse (if married)
Source of Income _____
Name Amount

Source of Income _____
Name Amount

How many persons living in your household depend upon you and/or your spouse's (if married) Income (Include yourself and your Spouse)? _____

A copy of your parent's/guardian or spouse's (if married) most recent 1040 tax form must be submitted with this application to Determine your eligibility. If parent/guardian is unemployed, please submit a written statement by the agency letterhead.

By signing this document, you are certifying that you have provided correct information to the best of your ability, and that you Understand that if you purposely give false or misleading information, you may be fined or sent to prison by the U.S. Dept. Of Education.

Student's Signature _____ Date _____

Parent/Guardian Signature (dependent Students) _____

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**Dependency Status
(Dependent or Independent)**

1. Were you born before January 1, 1998? Yes____ No____
2. As of today, are you married? (Answer yes if you are separated but not divorced). Yes____ No____
3. Do you have children who receive more than half of their support from you? Yes____ No____
4. Do you have dependent(s) (other than you, children or spouse) who live with you and who receive more than half of their support from you, now and through the remaining of this academic year? Yes____ No____
5. Are both of your parents deceased, or are you or were you (until age 18) a ward/dependent of the court? Yes____ No____
6. Are you a veteran of the U.S. Armed Forces? Yes____ No____

Note:

If your answer is no to all of the above, you are considered a dependent student. Therefore, you must provide financial information for yourself and your parent(s) or guardian(s).

If your answer is yes to at least one of the above, you may be classified as an independent student with proper documentation. Therefore, you must provide your financial information and your spouse's (if married).

By signing this document you are certifying that you have provided correct information to the best of your ability and that you understand that if you purposely give false or misleading information, you may be fined or even sent to prison or both by U.S. Department of Education.

Student Name (Print)

Student Signature

Social Security Number

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MEDICAL CONSENT FORM

I, _____, a student at Alcorn State
(Print Name)

University and a participant in the Student Support Services Program do hereby grant permission to the Healthcare provider to administer medical treatment in the event of medical emergency while engaging in activities related to Student Support Services.

My signature below further grants permission to the Healthcare provider to submit any written and/or verbal information to the TRIO Director and other appropriate program personnel, if deemed necessary.

I fully understand and agree that I am responsible for any and all medical bills and treatment not covered by my personal insurance or Alcorn State University's student insurance plan.

I also acknowledge and understand that my parent(s) or spouse (if married) will be notified concerning the nature of my illness and of medical treatment/agency involved.

SIGNATURE SECTION:

_____ SS# _____
Student's Signature

_____ Home/Work Phone Number _____ Date _____
Address

_____ Date _____
Spouse Signature (Independent Students Only)

_____ Home/Work Phone Number _____
Address

_____ Date _____
Parent (s) Guardian signature (Dependent Students Only)

_____ Home/Work Phone Number _____
Address