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)
**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)
As a Student Support Services participant, I, ___________________________ do 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).*
## 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 Martial Status:

____ Married ____ Single ____ Divorced ____ Separated ____ Widowed
Alcorn State University  
1000 ASU Drive, #240  
Lorman, MS 39096-7500

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.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

**DEPENDENT STUDENT**

With whom do you live?

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
</tr>
</thead>
</table>

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):

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source of Income</td>
<td>Name</td>
<td>Amount</td>
</tr>
</tbody>
</table>

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):

<table>
<thead>
<tr>
<th>Source of Income</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Source of Income</td>
<td>Name</td>
<td>Amount</td>
</tr>
</tbody>
</table>

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)
STUDENT SUPPORT SERVICES
1000 ASU DRIVE, #240
LORMAN, MS 39096-7500

Dependency Status
(Independent or Dependent)

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 or 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
MEDICAL CONSENT FORM

I, ____________________________, a student at Alcorn State 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

_________________________________________                    ________________
Address                                                  Home/Work Phone Number                      Date

_________________________________________                        ________________
Spouse Signature (Independent Students Only)             Date

_________________________________________
Address                                                  Home/Work Phone Number

_________________________________________                        ________________
Parent (s) Guardian signature (Dependent Students Only)       Date

_________________________________________
Address                                                  Home/Work Phone Number