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) 2015
   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 be 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 participants, 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
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>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Amount</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Spouse (if married)</th>
</tr>
</thead>
<tbody>
<tr>
<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>
<th>Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Amount</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Spouse (if married)</th>
</tr>
</thead>
<tbody>
<tr>
<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)
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 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
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