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 (submitting one of the following)
      Copy of your parents’ federal tax return (if they claimed you as a dependent)
      Copy of your federal tax return (if your parents did not claim you)
      Social Security Letter
   G. Current Financial Aid Award Letter
   H. Current Academic Transcript
   I. ACT or Standardized Test Scores
   J. Letter from Disability Office, if applicable.

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)

Home Phone: _______________________________      Cell 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
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.

### DEPENDENT STUDENT

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

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 2019? Yes______ No______

Did your parent(s) file a tax return (1040A or 1040) for 2019? 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>
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</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 2019? Yes______ No______

Did your spouse (if married) file a tax return (1040A or 1040) for 2019? Yes______ No______

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

<table>
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<tr>
<th>Source of Income</th>
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</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, 1999?   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
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:**

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>SS# _____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Home/Work Phone Number</td>
</tr>
<tr>
<td>Spouse Signature</td>
<td>(Independent Students Only)</td>
</tr>
<tr>
<td>Address</td>
<td>Home/Work Phone Number</td>
</tr>
<tr>
<td>Parent (s) Guardian signature (Dependent Students Only)</td>
<td>Date</td>
</tr>
<tr>
<td>Address</td>
<td>Home/Work Phone Number</td>
</tr>
</tbody>
</table>
Student Support Services  
Alcorn State University  
Information Release Form  

I authorize Alcorn State University to release official grades, financial aid award information and other records to Student Support Services for selection and other educational planning purposes.

I understand that these records will only be used internally by the project on an individual basis. I also understand that compiled records on a group basis may include any and all of these records. I understand that compiled information will be used to meet federal regulations relative to program evaluations. Further, I understand that none of my records will be released to any other person.

______________________________  ________________________  
Printed Student Name          Student A#  

______________________________  ________________________  
Student Signature             Date