

Student Support Services is funded by the U.S. Department of Education for \$220,000. Certain personal information is required. However, the information you provide will be held in strictest confidence.

GENERAL INFORMATION

Today's Date _____

Campus Location ___ Tri-Cities ___ Greeneville ___ Knoxville ___ Morristown

Name _____
(Last/First/Middle)

Social Security Number _____ Date of Birth _____

Phone # _____ Student ID _____

Address _____

Tusculum Email Address _____

Citizenship: (Check one)

Ethnicity: (Check one)

- U.S. Citizen
- Territory Resident
- Permanent Visa
- Other (specify) _____

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Native Hawaiian or Other Pacific
- More than one ethnicity reported

EDUCATIONAL BACKGROUND

Previous participations in other Federal TRIO programs:

- Talent Search
- Upward Bound
- Educational Opportunity Centers (EOC)
- Other (specify) _____

High School graduation date _____

Previous college attended _____
(Name/City/State)

Dates attended _____

FINANCIAL AID INFORMATION

Have you applied for financial aid? ___ Yes ___ No

If yes, are you currently receiving aid? ___ Yes ___ No

ELIGIBILITY INFORMATION

Does your mother/guardian have a 4-year college degree? Yes No

Does your father/guardian have a 4-year college degree? Yes No

In order to be considered for admission into Student Support Services, applicants must submit a copy of his/her most recent tax return (form 1040 or equivalent) for the current year. Or if someone else claims the applicants as a dependent, he/she will need to submit tax returns on the applicant's behalf. The federal government requires applicants to provide documentation of their family's taxable income and number of persons within the family household. This information is usually located within the first two pages of most tax forms. The taxable income amount appears on line 43 of FORM 1040, Line 27 of FORM 1040A, and line 6 of FORM 1040EZ. Income documentation should be mailed or faxed to the address listed at the top of the application.

DISABILITY INFORMATION

Do you have a disability of any kind? Yes No

If yes, have you filed your disability with the
Academic Resources Center (ARC)? Yes No

Please list or describe your disability _____

SERVICES NEEDED

Please check all areas in which you need assistance, instruction, or information.

- | | | |
|---|---|--|
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Graduate School Info/Visit | <input type="checkbox"/> Informational Workshops |
| <input type="checkbox"/> Career Skills Guidance | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Financial Aid Information |
| <input type="checkbox"/> Computer Skills/Assistance | <input type="checkbox"/> Cultural Enrichment | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Study Skills Enhancement | <input type="checkbox"/> Student Success Skills | <input type="checkbox"/> Other _____ |

How did you hear about the ARCHES program? _____

I understand that I must take advantage of program services and/or activities. Prolonged inactivity (for longer than two semesters) may result in forfeiture of my participation in the program.

In addition, this is to certify that I agree to waive my rights under the Family Privacy (Buckley Amendment), and agree to permit the Student Support Services Program to access my grades and academic history, financial aid and award information. I understand that this information will be held in strict confidentiality and only utilized in determining eligibility and reporting performance.

I also give my permission for Tusculum College SSS to use my image/likeness in or on SSS related publications and/or public relations materials. Such items may include: newsletter ,website, video, handbook, and brochures.

Signature

Date