

ARCHES Application

(Student Support Services)

Student Support Services, 1305 Centerpoint Blvd., Knoxville TN 37932
arches@tusculum.edu, (865) 693-1177 Ext 5018, Fax: (865) 691-6391

To receive its annual funding of \$242,136 from the U.S. Department of Education, Student Support Services (SSS) is federally required to submit certain personal information. Your safety and security are important to us and the information provided will be held in strictest confidence.

GENERAL INFORMATION

Today's Date _____

Campus Location: _____Greeneville _____Knoxville _____Morristown

Name _____
(Last/First/Middle)

Primary Phone # _____ Date of Birth _____

Student ID _____ Email Address _____

Address _____
(Street/P.O. Box) (City) (State) (Zip Code)

When did/will you first begin coursework at Tusculum? _____Month _____Year

What is your classification: _____Freshman _____Sophomore _____Junior _____Senior

Citizenship: (Check one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Territory Resident <input type="checkbox"/> Permanent Visa <input type="checkbox"/> Other (specify) _____	Ethnicity: (Check one) _____ Hispanic/Latino _____ Non-Hispanic/Latino Race: (Choose all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian
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EDUCATIONAL BACKGROUND

Previous participation in other Federal TRIO programs:
 Talent Search (not Duke Talent Identification Program)
 Upward Bound
 Educational Opportunity Centers (EOC)
 Other (specify) _____

High School Graduation Date _____

Previous college(s) attended _____
(Name/City/State)

Dates attended _____

FINANCIAL AID INFORMATION

Have you applied for financial aid? _____Yes _____No
 If yes, will you receive aid for the upcoming school year? _____Yes _____No

ARCHES (Student Support Services) APPLICATION

Page 2

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 their parent's/guardian's most recent tax return (form 1040).

The **number of persons within the family household** appears on page 1 of form 1040, and **taxable income amount** appears on page 2 of form 1040.

DISABILITY INFORMATION

Do you have a disability of any kind? Yes No
 If yes, have you made a request for disability accommodation through Counseling & ADA Services? Yes No

Please list or describe your disability

SERVICES NEEDED

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Graduate School Info/Visit | <input type="checkbox"/> Scholarships |
| <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/Field Trips | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Study Skills Enhancement | <input type="checkbox"/> Student Success Skills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Personal Finance Counseling | |

Additional information you wish to share that may assist program staff in helping you? _____

How did you hear about the ARCHES program? _____

I understand that I must participate in program services and/or activities. Prolonged inactivity (for longer than two semesters) may result in forfeiture of 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 staff to access my grades, academic history, and financial aid award information. I understand that this information will remain confidential and only utilized in determining eligibility and necessary services.

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

Signature

Date