

# TRIO SSS - SUPPLEMENTAL GRANT AID APPLICATION

STUDENT SUPPORT SERVICES (SSS)  
SOUTHERN UNIVERSITY AT SHREVEPORT

**We time/date stamp all applications and will NOT accept late applications.**  
**PLEASE TYPE ALL AREAS OF THE APPLICATION**

STUDENT NAME	EMAIL	DATE
ADDRESS	PHONE	SSN
SSS COUNSELOR	MAJOR	SEMESTER/YEAR

**PLEASE LIST ALL Workshops/Seminars that you have attended this Semester that you have found most helpful for ACADEMIC, PROFESSIONAL AND/OR PERSONAL/CULTURAL ENRICHMENT PURPOSES.**

- **Attach your CURRENT CLASS SCHEDULE**

**PLEASE CHECK YOUR EMPLOYMENT STATUS**  FT  PT  Unemployed  Student Worker

Have you met with your assigned SSS counselor at least once per month for ongoing needs assessment and action planning? Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you attended at least three (3) academic, technological, personal, and cultural enrichment activities sponsored by the SSS department during Spring Semester 2018.** Yes \_\_\_\_\_ or NO \_\_\_\_\_

- **Please attach a list of the workshops you have attended during the Spring 2018 Semester:**
- **All Grant Aid Applications must be submitted by 4:30 P.M. on deadline date April 18, 2018. Participant's folder must be updated prior to grant aid deadline date. ( See your counselor)**

I \_\_\_\_\_ agree that if I am awarded the grant, I will comply with the aforementioned expectations of the SSS project at SUSLA. Furthermore, I understand that failure to comply with said expectations might result in my having to return any and all grant aid awarded to me by Student Support Services.

**I understand that my participation in Student Support Services and my application for this grant are voluntary, available to all eligible SSS students, and does not guarantee that I will be awarded grant aid. Also I understand that awards will be based on fund availability and all completed assessments prior to submission of this application.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Grant Aid Check List: Did you attach the following to your Grant Aid Application?**

1. **A Typed ONE PARAGRAPH TO DESCRIBE YOUR NEED FOR ADDITIONAL ACADEMIC FINANCIAL ASSISTANCE. (ATTACH PARAGRAPH)**
2. **ATTACH YOUR UNOFFICIAL TRANSCRIPT and CLASS SCHEDULE TO THIS APPLICATION.**
3. **Deadline is at 4:30pm on Application Deadline Date April 18, 2018.**
4. **As a reminder if you have graduated or if this is your first semester in Student Support Services you are "not eligible" for this award.**
5. **You must turn your application into the Program Office Support Specialist to be date/time stamped.**

*FOR OFFICE USE ONLY*

	FALL	SUMMER	SPRING
PELL AMOUNT	_____	_____	_____
STUDENT LOAN(S) AMOUNT	_____	_____	_____
OTHER FINANCIAL AID	_____	_____	_____

