

Southern University at Shreveport

Student Support Services Application

Fine Arts Building C-15 (318) 670-9306

Neatly print complete and accurate information for the following:

All information submitted is strictly confidential and will be used for the purposes intended by authorized Southern University Staff.

Release of Information:

I hereby authorize the Student Support Services staff to obtain my records or data pertinent to my participation in the program from the Admissions Office, Registrar's Office, and Financial Aid Office. I also authorize the college, or a professional associated with it, to access and release data for purposes of my academic success. I understand that if I am receiving tutoring or peer counseling, my tutor or peer counselor or SSS staff will contact my instructor (s) as needed to better assist me in the subject in which I am being tutored. I understand this authorization may be revoked by me at any time through written or verbal communication.

Last Name

First Name

Middle

Street Address, Apt#, City, State, Zip

Alternate Address, Apt#, City, State, Zip

SSN

DOB

Gender

Male ☐ Female ☐

Home Phone #

Work Phone #

Contact #

Facebook and/or Tweeter

EMAIL Address (that is checked
regularly)

Name of High School Attended:

<input type="checkbox"/> Diploma <input type="checkbox"/> GED	Year diploma/GED rec'd	GPA:
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Eligibility Criteria

1. What is your marital status? ☐ Single ☐ Divorced ☐ Married ☐ Widowed ☐ Separated
2. Has either parent graduated from a 4 – Year University? ☐ YES ☐ NO
3. Are you receiving financial aid? ☐ YES ☐ NO
4. Are you a Louisiana resident? ☐ YES ☐ NO
5. Are you active military? ☐ YES ☐ NO If yes, what branch _____
6. Are you a Veteran? ☐ YES ☐ NO If yes, do you receive veteran benefits? ☐ YES ☐ NO
7. What is your work status? ☐ Full Time ☐ Part Time ☐ Unemployed
8. Are you a US citizen? ☐ YES ☐ NO If NO, what is your status? _____

Ethnic Group:

- ☐ Black
☐ White
☐ Hispanic
☐ Asian American
☐ American Indian
☐ Biracial/Multiracial
☐ Other

Age Group

- ☐ under 20
☐ 20-30
☐ 31-40
☐ 41-50
☐ 51-60
☐ over 61

Household Income

- ☐ under \$10,000
☐ \$10,000-20,000
☐ \$20,000-30,000
☐ \$30,000-40,000
☐ \$40,000-50,000
☐ over \$50,000

Total In Household (include self)

☐ 1 ☐ 3 ☐ 5

☐ 2 ☐ 4 ☐ If more than _____

What is your academic classification?

- ☐ First Year, never attended college
☐ Freshman

Services Offered

☐ Special Student

☐ Sophomore

What is your enrollment status?

☐ Full Time

☐ Part Time

☐ Special

What is your intended Major? _____

Academic Plan: ☐ Associate Degree and Transfer to 4-year institution or

☐ Associate Degree and no further education/seek employment

☐ Certificate Program

1. If you plan to Transfer, which institution will you attend? _____

2. Did you transfer to SUSLA from another college or university? ☐ YES ☐ NO

3. Have you participated in any previous TRiO Programs?

☐ YES ☐ NO

Talent Search

☐ YES ☐ NO

Educational Opportunity Center

☐ YES ☐ NO

Upward Bound

☐ YES ☐ NO

Student Support Services

Please check all services that you are interested in receiving by participating in this program.

☐ Academic Counseling

☐ Personal Counseling

☐ Career Planning

☐ Study Skills Workshops

☐ Academic Tutoring

☐ Survival Seminars (How To's)

☐ Supplemental Instruction

☐ Transfer/Graduation Assistance

☐ Social/Cultural Activities

☐ Technological Assistance

☐ Financial Literacy

Emergency Contact

Name: _____ Relationship _____

Address(City, ST, ZIP)_____

Phone _____ Alternate Phone _____

I certify that all information submitted above is true to the best of my knowledge and that SSS has my permission to verify the information submitted. I understand that this information will be used for educational/institutional purposes deemed appropriate by Student Support Services.

Signature: _____ Date: _____