



SOUTHERN UNIVERSITY AT SHREVEPORT
TRIO STUDENT SUPPORT SERVICES
PARTICIPANT APPLICATION



The Southern University at Shreveport Student Support Services (SSS) Program is a federally funded TRIO Program under the U.S. Department of Education that aids students in graduating from college. Program participants must meet certain requirements set forth by the Department of Education. To determine your eligibility, please fill out the following information completely. The information you provide is strictly CONFIDENTIAL. **In order for your application to be reviewed, you must also attach a signed copy of your latest 1040 income tax form, FAFSA, or other proof of income as well as an unofficial academic transcript.**

You **must** make an application intake appointment. If you cannot attend that appointment, you will need to reschedule. If both appointments are missed, your application will not be reviewed and you will not be considered for enrollment into the program.

In accordance with 20 U.S.C. § 1232g; 34 CFR Part 99, the Family Education Rights & Privacy Act (FERPA), the information provided will be used to determine program eligibility, services needed and to evaluate participant progress. Information from this document will remain confidential, retained in the students' program file and used to comply with required U.S. Department of Education performance reporting.

Application will be on hold if all required documents are not received.

Sign and return the completed application with all required documents to:

Student Support Services
Fine Arts, C-15
3050 Martin Luther King, Jr.
Shreveport, LA 71107

If you have any questions or to make an appointment, contact the TRIO SSS office at 318.670.9306

Or visit

www.susla.edu/page/student-support-services

Our SSS Program serves a limited number of students every year and applying to the program does not guarantee acceptance. Applications are evaluated on the number of available slots, individual academic need, motivation, and federal eligibility. Program participants must be a U.S. citizen or permanent resident, enrolled in an Associate's Degree, Certificate or Diploma program at SUSLA, **demonstrate academic need for services and meet at least one of the following criteria:**

- Low-income student according to guidelines established by the U.S. Department of Education and verified by SSS
- First generation college student: a student where neither (custodial) parent has received a four-year degree
- College student with documented disabilities: as defined in the American with Disabilities Act (ADA) and verified by the SUSLA Office of Disability Services
- Veteran

When there is limited space in the TRIO SSS program, priority will be given to:

- Veterans
- Alumni of other TRIO programs: Upward Bound, (Educational) Talent Search, Educational Opportunity Centers (EOC), or other Student Support Services programs
- Students who are both income-eligible *and* first-generation college students

SSS Grant Aid: Applicants accepted into the program must maintain an active status in the program to be eligible to apply for Grant Aid. Additional grant aid criteria may be found on the Grant Aid application. The application will be available beginning eight weeks after the start of the fall and spring semesters.

*SUSLA TRIO Student Support Services does not discriminate on the basis of race, age, color, national origin, gender, or disability.
This project is 100% federally funded.*

PART 1: DEMOGRAPHIC DATA

Name: _____
First MI Last

Student ID# _____ Date of Birth _____ Gender _____ Female _____ Male

Street Address/PO _____ City _____ State _____ Zip Code _____

Cell Phone _____ Alternate Phone _____
() ()

School Email _____ Alternate Email _____

(SSS may communicate with you via your home address, email, home number or text to notify you of upcoming events and workshops with the program.)

Ethnicity/Race
____ American Indian/Alaskan Native ____ Asian ____ Black/African-American ____ Hispanic or Latino
____ Native Hawaiian, Pacific Islander or Other ____ White ____ More than one ethnicity/race ____ Other: _____

Are you registered with the Office of Disability Services with a documented disability? ____ Yes ____ No
Are you a homeless or foster care student? ____ Yes ____ No

Classification ____ Incoming Freshman ____ 2nd Semester Freshman ____ Sophomore ____ Transfer Student

Enrollment Status _____ Credit Hours Earned _____
____ Full-time (12+ hours) ____ 3/4 time (9-11 cr. Hours) ____ 1/2 time (6-8 hours) ____ Less than 1/2 time

Have you ever participated in one of the following programs? Select all that apply.
____ Educational Talent Search ____ Educational Opportunity Centers (EOC) ____ Upward Bound ____ GEAR UP
____ Student Support Services If so, where? _____

PART 2: ELIGIBILITY INFORMATION

Citizenship Status ____ U.S. Citizen ____ Permanent Resident (Non-U.S. Citizen with permanent resident status)	Educational attainment of mother or female guardian (living in household only) ____ High School ____ Some College ____ Associate Degree ____ Bachelor's Degree ____ Master's Degree ____ Ph.D./Ed.D.	Educational attainment of father or male guardian (living in household only) ____ High School ____ Some College ____ Associate Degree ____ Bachelor's Degree ____ Master's Degree ____ Ph.D./Ed.D.
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Financial Aid Status	____ Dependent Student- Claimed by parent(s) or other person(s) OR ____ Independent Student- 25 year old or older or married, a veteran or active military, have children who receive more than half of their support from you, if you are an orphan or ward/dependent of the court.
	Are you receiving financial aid? ____ Yes ____ No

Income Verification Household size: _____	____ I attest that my family did not file a federal income tax return for the last calendar year: Unemployment Compensation, Social Security, TANF, Veteran's Payments, Welfare, Vocational Rehabilitation Funds	Tax Return Year 20 _____ Federal Taxable Income \$ _____ Note: Your taxable income can be found on the federal tax return you filed for the last calendar year. On IRS Form 1040, see line 43. On IRS Form 1040A, see line 27. On IRS Form 1040EZ, see line 6. On IRS Telefile, see line K1.
	SIGNED copies of your income tax forms or income verification are required to determine eligibility.	

Educational Background	High School Graduation Date _____	Which did you receive? ____ HS Diploma ____ GED/HiSET ____ N/A	HS G.P.A. _____	ACT/SAT Score _____
	Do you have a prior degree? ____ Associate's Degree ____ Bachelor's Degree ____ No			

PART 3: EDUCATIONAL OBJECTIVE

Major:	Anticipated Graduation Date
Do you plan to transfer to a four-year university? If yes, what are your choices?	____ Yes ____ No
What is your career goal?	

PART 4: SELF IDENTIFIED NEEDS (CHECK ALL THAT APPLY)

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Tutoring/Supplemental Instruction | <input type="checkbox"/> Transfer/Graduation Assistance |
| <input type="checkbox"/> Career Planning/Goal Setting | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Note Taking Skills |
| <input type="checkbox"/> Test Taking Skills/Test Anxiety | <input type="checkbox"/> Time Management Skills | <input type="checkbox"/> Personal Concerns |
| <input type="checkbox"/> Financial Aid/Scholarships | <input type="checkbox"/> Use/Access to Technology | <input type="checkbox"/> Math Anxiety/Access to Graphing Calculators |
| <input type="checkbox"/> Learning Styles/General Study Skills | <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Social/Cultural Enrichment |
| <input type="checkbox"/> Child Care Assistance | Other: _____ | |

PART 5: HOW DID YOU HEAR ABOUT STUDENT SUPPORT SERVICES?

PART 6: PARTICIPANT AGREEMENT/RELEASE OF INFORMATION/AFFIDAVIT OF TRUTH

____ (Initial) I understand that application into the **SUSLA TRiO Student Support Services** does not assure acceptance into the program.

____ (Initial) I am aware that personal information provided to the **TRiO Student Support Services** Program will be protected under the Federal Education Rights & Privacy Act (FERPA). I hereby grant permission to Student Support Services to obtain requested information from my personal file and student records (including enrollment, attendance, grades, financial aid, disability documentation, and student employment) for the purpose of determining eligibility and helping me to succeed while enrolled at Southern University at Shreveport.

____ (Initial) I agree to attend workshops, tutoring sessions, meetings and other events as requested by SSS to remain active in the program. I also agree to allow SSS to use photos for recruitment and media opportunities.

____ (Initial) I approve **TRiO Student Support Services** to send text messages to my cell phone in lieu of phone calls, in order to convey program information. I understand that text messaging rates will apply to any messages received from the program. I also understand that I, or the program, may revoke this permission in writing at any time. I agree not to hold SSS liable for any electronic messaging charges or fees generated by this service.

I hereby certify, to the best of my knowledge, that all the information submitted is complete, true and correct. **If asked by an authorized official, I agree to provide proof of this information.** I also understand that failure to disclose accurate information **could result in nonacceptance of the application** or dismissal from the program.

Applicant Signature

Date

For Office Use Only:

Date Application Received: _____

Staff Initials _____

Southern University at Shreveport does not discriminate on the basis of race, color, national origin, gender, age, disability or any other protected class.
Title IX Coordinator: Dr. Tuesday W. Mahoney, Johnny L. Vance, Jr. Student Activity Center, Room 208, (318) 670-9201.
Section 504 Coordinator: Ms. Jerushka Ellis, Health & Physical Education Complex, Room 314, (318) 670-9367.