

Application for Services

All information will remain confidential and will be used for A) eligibility determination, B) student demographic recordkeeping, C) needs assessment, D) federal reporting, E) other administrative purposes.

PERSONAL INFORMATION	Name: Last: _____ First: _____ MI: _____		Gender: M F	Date of Birth: _____	KU ID Number: _____	SS#: _____
	Local (KU) Address: Street/Apartment: City/State/Zip: Local (KU) phone: () _____	Permanent (Parent's) Address: Street/Apartment: City/State/Zip: Permanent (Parent's) phone: () _____	Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic/Latino/a <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian Other: _____		Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International Students	
E-mail: (Please provide the address you use frequently) _____						
SERVICE INFORMATION	<ul style="list-style-type: none"> ➤ What SEMESTER/YEAR are you requesting services for with SES? _____ ➤ If you are a returning SES participant, what was your last SEMESTER/YEAR with SES? _____ ➤ If you are a new applicant, how did you hear about this program? _____ ➤ Have you participated in other TRIO programs (Talent Search, Upward Bound, Educational Opportunity Center, McNair Scholars) or GEAR UP? Y N If so, which one? _____ ➤ Are you currently participating in other TRIO programs? Y N If so, which one? _____ 					
	EDUCATION & ACADEMIC NEED	Degree(s) and Diplomas held: <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> B.A., B.F.A., B.S., B.G.S <input type="checkbox"/> Master's or Doctorate <input type="checkbox"/> Other: _____ H.S. Graduation Date: _____		KU Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other: Major: _____ <input type="checkbox"/> undecided <input type="checkbox"/> am accepted into major <input type="checkbox"/> have applied for entrance into major <input type="checkbox"/> will apply for major (semester/year) _____		SSS Services Requested: <i>(check all that apply)</i> <input type="checkbox"/> Course Specific Tutoring assistance <input type="checkbox"/> Reading skills <input type="checkbox"/> Math skills <input type="checkbox"/> Writing skills <input type="checkbox"/> Study skills <input type="checkbox"/> Cultural and Academic Enrichment <input type="checkbox"/> English proficiency (ESL) <input type="checkbox"/> Academic counseling/Advising <input type="checkbox"/> Personal counseling <input type="checkbox"/> Career counseling <input type="checkbox"/> Financial Aid counseling <input type="checkbox"/> Graduate school counseling <input type="checkbox"/> Computer/laptop loaners <input type="checkbox"/> Computer/equipment skills
If you are requesting tutoring, please provide the course name and number of the class/es to be tutored: _____ _____ _____ <i>Note: Tutors will be assigned according to availability at the time of your request.</i>						

