



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: _____ Cell phone: () _____	Permanent (Parent's) Address: Street/Apartment: _____ City/State/Zip: _____ Home (Parent's) phone: () _____	Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International Student			
	E-mail: (required) _____		Ethnicity: Are you Hispanic/Latino (a)? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Race (Please mark all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander					
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 federally funded or TRIO programs (GEAR UP, Talent Search, Upward Bound, Educational Opportunity Center, McNair Scholars)? Y N If yes, which one/s? _____ Are you a Hixson Scholar? Y N ➤ 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: _____	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) _____	SES Services Requested: (check all that apply) <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 support <input type="checkbox"/> Career counseling <input type="checkbox"/> Financial Aid counseling <input type="checkbox"/> Managing money/personal finances <input type="checkbox"/> Graduate school counseling <input type="checkbox"/> Computer/laptop loaners <input type="checkbox"/> Computer/equipment skills	Other: (check all that apply) <input type="checkbox"/> English is not my first language <input type="checkbox"/> I am a Veteran <input type="checkbox"/> I am/have been in foster care <input type="checkbox"/> I am/have been homeless	Tutoring Needs: If you are requesting tutoring, please provide the course name and number of the class/es to be tutored: _____ _____ _____
H.S. Graduation Date: _____ H.S. GPA _____		<p><i>Note: Tutors will be assigned according to availability at the time of your request.</i></p>				

ELIGIBILITY	<u>INCOME STATUS</u>	<u>FIRST-GENERATION COLLEGE STATUS</u>			<u>DISABILITY STATUS</u>
	Are you currently receiving financial aid through the KU Office of Student Financial Aid? YES NO If NO , why? <input type="checkbox"/> I have not applied, but I will apply to receive aid for this year I am not eligible... <input type="checkbox"/> For financial reasons <input type="checkbox"/> For academic reasons <input type="checkbox"/> Other	Your <u>mother's</u> highest degree: <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> H.S. diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Unknown	Your <u>father's</u> highest degree: <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> H.S. diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Unknown	Your <u>guardian's</u> highest degree: <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> H.S. diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Unknown	Do you have a disability? YES NO If so, is documentation regarding your disability filed with the University of Kansas Disability Resources office? YES NO If so, a Disability Resources verification form must be attached to the application. Attached? YES NO
	Were you living with your mother prior to your 18th birthday? YES NO	Were you living with your father prior to your 18th birthday? YES NO	Were you living with your guardian prior to your 18th birthday? YES NO		

STATEMENT OF VERIFICATION:

To the best of my knowledge, all information provided on this application, including the above eligibility information, is true.

STATEMENT OF AGREEMENT AND CONSENT:

I authorize Supportive Educational Services to gather my ACT scores, financial aid reports, transcripts, and other necessary information in order to provide me with the services that I have requested, and to make reports to the U.S. Department of Education for the re-funding of this program. I also authorize SES to obtain periodic reports from my instructors regarding my academic progress for courses in which I am enrolled. I understand that all information will be kept confidential and will be used for the following specified purposes:

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|--|----------------------------------|
| a. student demographic data & record keeping | d. federal reporting |
| b. program evaluation | e. other administrative purposes |
| c. needs assessment | |

I have read and agree with the Statement of Verification and the Statement of Agreement and Consent.

STUDENT SIGNATURE

DATE

STAFF MEMBER SIGNATURE

-FOR OFFICE USE ONLY-

<u>ELIGIBILITY CRITERIA</u> First Generation: Y N Disability: Y N Documentation attached: Y N Low Income: Y N Documentation Attached: Y N Cont. Student? Y N Term last participated:	<u>ACADEMIC NEED</u> 01 --HS GPA (<2.5) _____ 02 --Admission test scores (ACT <20) _____ 05 --Predictive Indicator (Freshman Status, Transfer Student, Multiple) 06 --Diagnostic tests 07 --College GPA (< 2.5) KU GPA _____ Transfer GPA _____ 08 --GED 09 --Failing grades 10 --5+ years out of school 11 --Other _____ 12 --English Proficiency 13 --Education/Career goals 14 --Academic preparedness 15 --Need for academic support	<u>ACADEMIC STRENGTHS</u> <input type="checkbox"/> ACT >21 or higher <input type="checkbox"/> Most recent Cum GPA is 2.5 or higher <input type="checkbox"/> Course/assignment grades above "C" in particular subject <input type="checkbox"/> Other: Persistence toward graduation, letter of recommendation <u>PERSON DETERMINING ELIGIBILITY:</u>	<u>APPROVAL</u> Continuing Student? Y N First year of participation: _____ (eligib. doc. in original file) FG LI FG/LI DIS D/LI Academic Need: _____ <u>NO APPROVAL</u> Reason: <input type="checkbox"/> Citizenship req. <input type="checkbox"/> No eligibility met <input type="checkbox"/> Beyond 1/3 cutoff
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