



TRIO

STUDENT SUPPORT SERVICES

TRIO OFFICE USE ONLY	
Rec'd by: _____	
Date Rec'd: _____	
Reviewed by: _____	
Eligible: first generation ___	
Eligible: low income ___	
Eligible: disability ___	

Mission Statement: The mission of TRIO Student Support Services is to foster transition, retain, and graduate students at Central State University. Through its services, the program provides participants with opportunities for academic development, assistance with college requirements, and serves to motivate students toward the successful completion of their undergraduate degree program

TRiO SSS Goal: Your success!

If you have any questions about the CSU TRiO SSS Program or application process, please feel free to contact us:

TRiO Student Support Services
Norman E. Ward Sr. Center
1400 Brush Row Rd
Wilberforce, OH, 45384

(937) 376-6182 (phone)
(937) 376-6661 (fax)

www.centralstate.edu

CONTACT and BASIC INFORMATION	
Applicant's Name (First Middle and Last):	
Date of Birth: ____/____/____	Social Security Number: ____-____-____ (Required by the U.S. Department of Education) CSU ID number: _____
Current Residence Hall or Local Address:	
City: _____ State: _____	Zip Code: _____
Permanent Address (street or box):	
City: _____ State: _____	Zip Code: _____
Local Phone Number: _____	Mobile Phone Number: _____
CSU Email: _____	Personal/Other Email: _____
Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Permanent Resident	
Ethnic Background: <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hawaiian /Pacific Islander <input type="checkbox"/> Asian More than one ethnic origin (specify) _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
Classification: <input type="checkbox"/> Freshman (0-29 Credit Hours) <input type="checkbox"/> Sophomore (30-59 Credit Hours) <input type="checkbox"/> Junior (60-89 Credit Hours) <input type="checkbox"/> Senior (90 or more Credit Hours) <input type="checkbox"/> I am a full time CSU student?	

NON-DISCRIMINATION/ COMPLIANCE STATEMENT

Central State University is an Equal Opportunity/ Affirmative Action institution in accordance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Sections 503 and 504 of the Rehabilitation Act of 1973, and does not discriminate on the basis of race, color, national origin, religion, sex, age or handicap, in any of its policies, procedures or practices. This non-discrimination policy covers admissions and access to, and treatment and employment in, college programs and activities, including, but not limited to, academic, admissions, financial aid, educational services, and employment. Concerns regarding this policy should be referred to the: Office of Human Resources Central State University Wilberforce, Ohio 45384

NEED for ACADEMIC SUPPORT	
What is your major?	What is/are your career goal(s)?
<p>How can TRiO SSS help you reach your goals? Please check all that apply.</p> <p><input type="checkbox"/> Tutoring in: _____</p> <p><input type="checkbox"/> Personal Counseling/Mentoring</p> <p><input type="checkbox"/> Study Skills I am most interested in: _____ <small>(for example: time management, note taking, test taking, overcoming math anxiety)</small></p> <p><input type="checkbox"/> Academic Advising/Degree Planning</p> <p><input type="checkbox"/> Graduate School Planning and Career Exploration</p> <p><input type="checkbox"/> FAFSA Assistance, Financial Planning, and Budgeting</p>	
What do you think you can learn or gain by being a part of TRiO SSS?	
<p>To complete the SSS application and admission process, the following information must be provided to the SSS office, located in Norman E. Ward Sr. Building, Ground Floor across from the Registrar Office</p> <ul style="list-style-type: none"> • Tax forms (1040A, 1040 or 1040EZ) for previous year. (If you are under 24 years of age, you must submit your parents tax forms) <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • An official document that verifies your current household income status (i.e. letter stating unemployment, TANF, SSI, etc. benefits) and a copy of your financial aid form (i.e. your FAFSA) that you have submitted to the Federal Education Department that has your income information included. • Disability Documentation must be provided by an appropriate Professional or State Rehabilitation Office. 	

My signature below indicates that all information above is true and accurate. It also authorizes TRiO SSS to (1) communicate with appropriate personnel (e.g., CSU personnel) concerning my educational pursuit and attainment, including grades; (2) use my photo or likeness in publications and other promotional materials; and (3) access my CSU academic and student financial aid records to verify my program eligibility and to assist me academically.

Signature: _____ Date: _____

AUTHORIZATION FOR SHARING OR RELEASE OF INFORMATION

Research has shown a strong correlation between parental involvement and student academic achievement. For that reason, SSS now requests authorization to communicate with parents/guardians, as needed, to better insure each participant's pursuit of collegiate academic success. We therefore request that you grant us permission by providing us with the requested contact information for your parent/guardian.

Parent/ Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

My signature below indicates that all information provided is true and accurate. It also authorizes TRiO/Student Support Services to (1) communicate with the person(s) listed concerning my educational pursuit and attainment, including grades; and (2) use my photo or likeness in publications and other promotional materials.

Signed: _____
TRiO/SSS Participant's Signature Date

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_____ Accepted for TRiO SSS Program

_____ Waitlisted

_____ Declined

Reason:

Director Signature: _____

Date: _____

Academic Need:

Notes:

Assigned Academic Advisor: _____

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