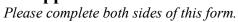


STUDENT SUCCESS PROGRAM

Application for Services





DEMOGRAPHIC I	INFORMATION		CASE #_		
Name:			SS#:		
	M.I.				
SXU ID #:		SXU Email Ac	ldress:		
Home Address:					
	Street			Apt#	
	City		State	ZIP Code	
Home Phone: (_)		Cell Phone: ()		
Date of Birth:	//		Gender: ☐ Male ☐	l Female	
Marital Status: □ S	ingle □ Married/Separa	ated (If checked, then yo	u are an independent student.) \Box \Box	Divorced □ Widowed	
Ethnic Background:	☐ #1 American Indian	or Alaskan Native	e □ #2 Asian □ #3 Bla	ack or African-American	ļ
	☐ #4 Hispanic or Latin	no □ #5 White	□ #6 Native Hawaiian o	or Other Pacific Islander	
	☐ #7 More than one ra	ace reported	☐ #0 No Response/Unk	nown	
VERIFICATION O	F ELIGIBILITY				
Initial SXU enrollment	date:		Major:		
Current College grade	level:	Attended	☐ 1 st Year/ Attended Before	:	
	☐ Sophomore (30-5	59 hours)	☐ Junior (60-89 hours)	☐ Senior (90+ Hour	rs)
Transfer Student	☐ Credit Hours				
Do/does your parent(s) (natural or adoptive) have a bachelor's degree				l Yes □ No	
At any time since age 13, were you declared homeless, a foster care youth or emancipated minor? Yes If you answer yes, then you are an independent student.					
Do you have children/o	l Yes □ No				
Federal regulations red	quire verification of income	e status. You may ful	y your income <u>if you are an inc</u> fill this requirement by submitt sed government document or t	ting your/your parent's mos	st
Number of people in ye	our household:	(include yo	ourself)		
Are you a citizen or a l	National of the United State	es? 🗆 Yes 🗆 No			
Do you speak another l	language at home other than	n English? □ Yes	☐ No If yes, what languag	ge?	
Do you have a docume	ented disability? Yes (Pl	ease Describe)		□ No	
Are you a veteran of th	ae U.S Armed Forces?	les □ No			
Have you participated) □ No				

ACADEMIC NE	ED			
Last school attended	l:	Last date of attendance (mm/yr)/		
High School:	ACT Score:	GPA	GED Score:	on ascale
College:	GPA:			
Did you place into	□ Math 090	□ Math 099	□ English 100	□ None
SELF-ASSESSM	IENT			
Describe the support	t that you need to be success	sful in college.		
I certify that the infa	ormation presented on this an	onlication especially income is	s true and accurate to the	best of my knowledge. I further
		rm may result in immediate di		
X				
	Student Signature		Date	
	To apply, please retur	n this completed form to Stu	identSuccessProgram@	sxu.edu
		or Saint Xavier Universi	tv	
		Student Success Program, Ro	om L-111	
		3700 West 103 rd Stree Chicago, IL 60655	et	
	You may contact our of	ffice at (773) 298-3342 for add	ditional information or qu	estions.
	OFFICE US	SE ONLY (Do not write	below this point)	
SSP Staff: Use this	s space to determine eligibili	ty/priority AGI	EFC	PELL
		OR TAXABI	LE INCOME	
CLASSIFICATION		CADEMIC NEED		THER
LI LI/FG FG D/LI		CT GPA GED roficiency Tests (placement)	TRIO	Veteran meless/Foster Care Youth
D D/LI/FG		ack of Preparedness	ESL	Out of school 5+
Decision: Accepte	ed Waitlisted			
Director Signature	:		Date:/	/
Č				Revised 02/2019 by KF