



STUDENT SUCCESS PROGRAM

Application for Services

Please complete both sides of this form



DEMOGRAPHIC INFORMATION

Name: _____ SS#: _____
First M.I. Last

SXU ID #: _____ SXU E-mail Address: _____

Home Address: _____
Street Apt#

City State Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____

Date of Birth: ____/____/____ Gender: Male Female

Marital Status: Single Married/Separated (If checked, then you are an independent student) Divorced Widowed

Ethnic background: #1 American Indian or Alaskan Native #2 Asian
 #3 Black or African American #4 Hispanic or Latino #5 White
 #6 Native Hawaiian or Other Pacific Islander #7 More than one race reported
 #0 No Response/Unknown

VERIFICATION OF ELIGIBILITY

Initial SXU enrollment date: _____ Major: _____

Current College grade level: 1st Year/ Never Attended 1st Year/ Attended Before
 Sophomore (30-59 hours) Junior (60-89 hours) Senior (90+ Hours)

Transfer Student Credit Hours _____

Do/does your parent(s) (natural or adoptive) have a bachelor's degree? Yes No

At any time since age 13, were you declared homeless, a foster care youth or emancipated minor? Yes No
If you answer yes, then you are an independent student

Do you have children/dependents who receive more than half of their support from you? Yes No
If you answer yes, then you are an independent student

Please provide your/your parents' annual taxable income (provide only your income if you are an independent student): \$ _____
Federal regulations require verification of income status. You may fulfill this requirement by submitting your/your parent's most recent income tax returns, signed financial aid application, income based government document or the SSP income document.

Number of people in your household: _____ (include yourself)

Are you a citizen or a National of the United States? Yes No

Do you speak another language at home other than English? Yes No If yes, what language? _____

Do you have a documented disability? Yes (Please Describe) _____ No

Are you a veteran of the U.S Armed Forces? Yes No

Have you participated in another TRIO program? Yes (which program? _____) No

