



STUDENT SUCCESS PROGRAM

Application for Services

Please complete both sides of this form.



DEMOGRAPHIC INFORMATION

CASE # _____

Name: _____
First M.I. Last

SS#: _____

SXU ID #: _____ SXU Email 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

ACADEMIC NEED

Last school attended: _____

Last date of attendance (mm/yr) ____ / ____

High School: ACT Score: _____ GPA _____

GED Score: _____ on a _____ scale

College: GPA: _____

Did you place into Math 090 Math 099 English 100 None

SELF-ASSESSMENT

Describe the support that you need to be successful in college.

I certify that the information presented on this application, especially income, is true and accurate to the best of my knowledge. I further understand that falsifying information on this form may result in immediate dismissal from the program.

X _____
Student Signature Date

To apply, please return this completed form to StudentSuccessProgram@sxu.edu

or
Saint Xavier University
Student Success Program, Room L-111
3700 West 103rd Street
Chicago, IL 60655

You may contact our office at (773) 298-3342 for additional information or questions.

OFFICE USE ONLY (Do not write below this point)

SSP Staff: Use this space to determine eligibility/priority AGI _____ EFC _____ PELL _____

OR TAXABLE INCOME _____

CLASSIFICATION

LI LI/FG
FG D/LI
D D/LI/FG

ACADEMIC NEED

ACT GPA GED
Proficiency Tests (placement)
Lack of Preparedness

OTHER

TRIO Veteran
Homeless/Foster Care Youth
ESL Out of school 5+

Decision: Accepted Waitlisted

Director Signature: _____

Date: ____ / ____ / ____