

TRIO PARTICIPANT APPLICATION*****PLEASE PRINT CLEARLY*****

What is your name? _____
 (FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

What is your mailing address? _____
 (STREET ADDRESS) (APT. #)

 (CITY) (STATE) (ZIP)

What is your home phone number? (____) _____ - _____

What is your cell phone number? (____) _____ - _____

What is your work phone number? (____) _____ - _____

What is your e-mail address?

What is your social security number?

What is your birthdate?

What is your ethnicity? Hispanic Or Latino American Indian Alaskan Native Black/African American
 (Please check all boxes that describe you) Native Hawaiian Asian White Native American Pacific Islander

What is your gender? Female Male

Citizenship: U.S. citizen Territorial resident Permanent visa Other

Are you married? Yes No

Do you have children or other dependents who receive more than half of their support from you?
 (Not including your spouse) Yes No

Do you have a disability? Yes No

Have you documented this disability with Arkansas State University Disability Services? Yes No

What degree are you seeking with ASU-Beebe?

AA AS - _____ TECH/CERT Major _____

Do you plan to transfer to a 4-year college? Yes No

Which universities are you considering? _____

Please mark which parent(s) supported you financially and with whom you regularly resided until 18 years of age?

Father Mother Both Parents Neither Parent

Has your mother received a 4-year college degree? Yes No

Has your father received a 4-year college degree? Yes No

Please indicate how we may be of assistance: (Mark all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic support/Instruction | <input type="checkbox"/> Study skills (note taking/test taking) | <input type="checkbox"/> Assist selecting courses |
| <input type="checkbox"/> Assist applying for Federal Student Aid | <input type="checkbox"/> Academic advising/degree planning | <input type="checkbox"/> Career counseling |
| <input type="checkbox"/> Transfer counseling | <input type="checkbox"/> One to one tutoring | <input type="checkbox"/> Group tutoring |
| <input type="checkbox"/> Obtain information/Federal Student Aid | <input type="checkbox"/> Assist with graduation application | <input type="checkbox"/> Assist application to a 4-year institution |



Beebe Campus

ARKANSAS STATE UNIVERSITY—BEEBE

P. O. Box 1000
 BEEBE, AR 72012

PHONE: 501-882-8964
 WEBSITE: WWW.ASUB.EDU



FOR DEPENDENT STUDENTS ONLY (PARENT OR GUARDIAN MUST SIGN/A STUDENT SIGNATURE WILL NOT BE ACCEPTED)

Number of person(s) residing in your household claimed on your parents income tax form (including yourself) ____

My family's/household annual "Taxable Income" from the last calendar year was:
IRS Form 1040-Line 43
IRS Form 1040EZ-Line 6
IRS Form 1040A-Line 27

\$ _____

My parents/guardians had **no** taxable income during the last calendar year. \$ -0-

FOR INDEPENDENT STUDENTS ONLY

The number of person(s) in your household claimed on your Income Tax Form (including yourself) _____

My family/household annual "taxable income" from the last calendar year was:
IRS Form 1040-Line 43
IRS Form 1040EZ-Line 6
IRS Form 1040A-Line 27

\$ _____

I had **no** taxable income during the last calendar year. \$ -0-

Please answer the following questions to help us evaluate how Student Support Services can best help you to reach your academic goals.

(SA) STRONGLY AGREE (A) AGREE (I) INDIFFERENT (D) DISAGREE (SD) STRONGLY DISAGREE (NA) NOT APPLICABLE

I am uncertain about my career goals.	(SA)	(A)	(I)	(D)	(SD)	(NA)
I need more social and academic support.	(SA)	(A)	(I)	(D)	(SD)	(NA)
I do not have adequate computer skills.	(SA)	(A)	(I)	(D)	(SD)	(NA)
I miss information that the instructor presents during class.	(SA)	(A)	(I)	(D)	(SD)	(NA)
I am reluctant to ask for help.	(SA)	(A)	(I)	(D)	(SD)	(NA)
I have difficulty finding time to study.	(SA)	(A)	(I)	(D)	(SD)	(NA)
My family is supportive of me attending college.	(SA)	(A)	(I)	(D)	(SD)	(NA)
I know where to find personal, financial, and academic support on campus.	(SA)	(A)	(I)	(D)	(SD)	(NA)

***** Please sign and date below after reading the following statement. *****

By signing this application, I agree that all the information on this application is true. Moreover, I authorize the release of the student's official academic records with the understanding that SSS will use the information in these records only to assess the student's need for program services, discern the student's educational progress, evaluate the effectiveness of program activities, and fulfill the reporting requirements of the program.

CHECK HERE IF YOU PREFER STUDENT SUPPORT SERVICES NOT USE YOUR LIKENESS IN PUBLISHED MATERIALS

_____/_____/_____
 STUDENT SIGNATURE DATE

_____/_____/_____
 PARENT OR LEGAL GUARDIAN SIGNATURE DATE



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THE STUDENT SUPPORT SERVICES PROJECT IS 100% FEDERALLY FUNDED AT \$255,012

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$17,820	\$22,260	\$20,505
2	\$24,030	\$30,030	\$27,645
3	\$30,240	\$37,800	\$34,785
4	\$36,450	\$45,570	\$41,925
5	\$42,660	\$53,340	\$49,065
6	\$48,870	\$61,110	\$56,205
7	\$55,095	\$68,880	\$63,345
8	\$61,335	\$76,680	\$70,515