



**FOR DEPENDENT STUDENTS ONLY**

**(PARENT OR GUARDIAN MUST SIGN-THE STUDENT SIGNATURE WILL NOT BE ACCEPTED)**

Number of person(s) residing in your household claimed on parents income taxes (including yourself) \_\_\_\_\_

My family's/household annual "Taxable Income" from the last calendar year was: <b>IRS Form 1040-Line 10</b>	\$ _____
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My parents/guardians had **NO** taxable income during the last calendar year. -0-

**FOR INDEPENDENT STUDENTS ONLY**

The number of individuals living in the household (including yourself)? \_\_\_\_\_

My family's/household annual "Taxable Income" from the last calendar year was: <b>IRS Form 1040-Line 10</b>	\$ _____
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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 is presented 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, financial aid, and Clearing House transfer records with the understanding that the information in these records will be used only to assess the student's needs for program services, discern the student's educational progress, evaluate the effectiveness of program activities, and fulfill program reporting requirements.**

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

STUDENT SIGNATURE \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ DATE

PARENT OR LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ DATE

**ASU-Beebe Campus**  
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www.asub.edu



**ASUB Heber Springs Campus**  
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Heber Springs, AR 72543  
501-362-1232

**The Student Support Services Projects are 100% federally funded.  
Beebe program at \$294,725 and the Heber Springs Program at \$261,888**

**The Student Support Services TRIO programs do not discriminate on the basis of race, color, national origin, sex, disability, or age in its program and activities.**