COHORT: 20___/20_

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TRIO Participant SSS ONLINE Application: Revised 8/20

TRIO PARTICIPANT APPLICATION

****PLEASE PRINT CLEARLY****

	I LEASI				
What is your name?					
what is your name :	(FIRST NAME)	(MIDDLE INITIAL) (LAST		Γ NAME)	
What is your mailing add	ress?				
	(STREET ADD	DRESS)		(APT. #)	
	(CITY)		(STATE)	(ZIP)	
Check the campus you ar	e interested in joining.	□ ASU-Beebe	□ ASUB-Heber Sp	orings	
What is your home phone	e number?				
What is your cell phone r	number?				
What is your e-mail addr	ess?				
What is your student ID 1	number?				
Birthdate? MM/DD/YYYY	Do you participate in a	ny other TR <mark>I</mark> O Program	(SSS, VUB, EOC)	🗆 Yes 🗆 No	
Are you a U.S citizen?	□ Yes □ No	Are you Hispar	nic or Latino?	□ Yes □ No	
What is your ethnicity?	🗆 American Indi	an 🗆 Alaskan Native 🗆 B	Black/African American		
(Please check all boxes that describe	e you) 🗌 Native Hawaii	an 🗆 Asian 🗆 V	White 🛛 Native An	nerican Pacific Islander	
What is your gender?	Female	□ Male			
Are you married?		s 🗆 No			
Do you have children or	other dependents who re-	ceive more than half of t	heir support from yo	ou?	
(Not including your spouse)		s 🗆 No			
Do you have a disability?		s 🗆 No			
Is this disability documer			$rvices? \qquad \Box Y$	es 🗆 No	
What degree or certificate		mpleting?			
	TECH/CERT		Major?		
Do you plan to transfer to			Where?		
Which parent did you reg	Both Parents D Neither		ve support?		
Has your mother received			No		
Has your father received			No		
Please indicate how we ma			110		
Academic Support/Instruction	on 🗆 Study Skill	s (Note Taking/Test Taking)	□ Assist Course Sele		
 Applying For Federal Stude Transfer Counseling 	nt Aid	Advising/Degree Planning	□ Career Counseling □ Group Tutoring	5	
□ Information on Federal Stud			\Box Applying To A 4	Year Institution	
ASIL Booho Compus			ASUB Heber Spr		
ASU-Beebe Campus P.O. Box 1000	T	10	101 River Crest Dri		
Beebe, AR 72012	M		Heber Springs, AR		
501-882-8964			501-362-1232		
www.asub.edu		Providing Hope & Opportunity			

Page 2 of 2 TRIO F	Participant SSS ON	JLINE 4	Innlicatio	n. Revise	18/20				
FOR DEPENDENT STUDENTS ONLY		T DE A	COEDT						
(PARENT OR GUARDIAN MUST SIGN-THE STUDENT SIGNATU				,					
Number of person(s) residing in your household claimed on parents	income taxes (includi	ng yours	self)					
My family's/household annual "Taxable Income" from the last caler	ndar year was:								
IRS Form 1040-Line 10	5	¢							
		\$							
\Box My parents/guardians had NO taxable income during the last calendar y	<i>lear</i>		-()-					
	/cal.			5					
FOR <u>INDEPENDENT STUDENTS ONLY</u>									
	10.0								
The number of individuals living in the household (including yourse		1							
My family's/household annual "Taxable Income" from the last caler	ndar year was:								
IRS Form 1040-Line 10		\$							
		¥							
\Box I had <u>NO</u> taxable income during the last calendar year.			-()-					
Please answer the following questions to help us evaluate how Student	t Support Servio	ces can	best hel	o you to	reach				
your academic goals.									
	SD) STRONGLY DI	SAGREE	E (NA) N	NOT APPL	ICABLE				
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	(SA) (A)	(I)	(D)	(SD)	(NA)				
campus.	(JA) (A)	(1)	(D)	(5D)	$(\mathbf{I}\mathbf{A})$				
* * * Please sign and date below after reading th	e following sta	tement	t. * * *						
By signing this application, I agree that all the information on this	annlication is t	M AI	roover	I outhou	rizo tho				
release of the student's official academic, financial aid, and Clearing I									
that the information in these records will be used only to assess the stu									
student's educational progress, evaluate the effectiveness of progr									
	am activities, a	and fu	um proş	gram re	porting				
requirements.									
***CHECK HERE IF YOU PREFER STUDENT SUPPORT SERVICES NOT US	E VOUR LIKENESS	IN PURL	ISHED MA	TERIALS	***				
	E TOOR LINE (LSS	LUIUDL							
				,					
			/	/_					
STUDENT SIGNATURE]	DATE					
			,	1					
			<u> </u>	/					
PARENT OR LEGAL GUARDIAN SIGNATURE				DATE					
a10									
ASU-Beebe Campus		ASUB Heber Springs Campus							
P.O. Box 1000	101 River Crest Drive								
Beebe, AR 72012	Heber Springs, AR 72543								
501-882-8964 501-362-1232									
www.asub.edu									
Copportunity									
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.									
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