



Student Support Services (SSS) APPLICATION FORM

Name: _____ Student ID #: _____
Last First Middle Initial

Campus Email Address: _____ Home Phone: _____

Date of Birth ____/____/____ Cell Phone: _____

Eligibility

Are you a U.S. Citizen? ____Y____N Permanent Resident ____Y____N

Did either one of your parents graduate with a four-year degree? ____Y____N

Do you have a documented disability? ____Y____N

Are you registered with Student Accessibility Services? ____Y____N

If yes, please arrange to meet with them once you arrive on campus. Contact 315-386-7392

Current Economic Status (ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED):

Did you or your parents file a 2017 Income Tax Return?

PARENT: ____YES__NO, NOT REQUIRED / STUDENT: ____YES__NO, NOT REQUIRED

Did your parents claim you as a dependent on their 2017 Income Tax Return? ____Y____N

If yes, **Parents must sign:**

(Print) (Sign)
PARENT: Total **2017 Taxable Income**: \$ _____ Total number exemptions claimed _____
STUDENT: Total **2017 Taxable Income**: \$ _____ Total number exemptions claimed _____

I am interested in participating in the TRiO SSS program, including all of its special services. I understand and agree:

1. to complete mandatory Financial Literacy modules.
2. to use TRiO SSS services, including academic counseling, tutoring and computer use.
3. that the Academic Counselor will track my progress and notify me with recommendations which will assist my coursework each semester.
4. to allow my picture to be taken and used for promotional purposes for the SSS program.
5. that TRiO staff members may confer with SUNY Canton faculty and staff as necessary, to provide me with support and services.
6. that I may be de-selected from TRiO at any time.
7. that the information will be kept confidential and will be used for the following specified purposes:

a.) student demographic data and recordkeeping	d.) federal reporting
b.) program evaluation	e.) other administrative purposes
c.) needs assessment	

I certify that the above information is true and correct to the best of my knowledge. I authorize Student Support Services to request and share my information with regard to my academic, personal, and professional success and financial aid status. I understand that all information will be held in strict confidence by Student Support Services at SUNY Canton, Canton, NY 13617.

Signature: _____ Date: _____

Mail to: SUNY Canton TRiO Student Support Services 34 Cornell Dr. – CC233 Canton, NY 13617 315-386-7684	OR OR	Fax to: 315-379-3816 E-Mail to: millerb@canton.edu
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