

TRiO Student Support Services Student Application

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

Campus Email Address: _____ Home Phone: _____

Cell Phone: _____

Eligibility

Are you a U.S. Citizen? _____ Y _____ N

If you answered no, do you have a U.S.A. Visa or are you a permanent resident of the U.S.A.? _____ Y _____ N

Can you provide documentation from the immigration and naturalization service? _____ Y _____ N

Date of Birth ____/____/____

Did either one of your parents graduate with a four-year degree? _____ Y _____ N

Do you have a documented disability? _____ Y _____ N

If yes, have you filed documentation with the Office of Accommodative Services? _____ Y _____ N

Are you eligible to receive any of the following funding? _____ ACCES-VR _____ WIA _____ Other

Have you, or do you plan to file a FAFSA for the 2016-2017 academic year? _____ Y _____ N

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
 - b.) program evaluation
 - c.) needs assessment
 - d.) federal reporting
 - e.) other administrative purposes

Signature: _____

Date: _____

Mail to: SUNY Canton
TRiO Student Support Services
34 Cornell Dr. – CC233
Canton, NY 13617
315-386-7684

OR

Fax to: 315-379-3816