



## Student Support Services (SSS) APPLICATION FORM

Name: \_\_\_\_\_  
Last First Middle

Student ID #: \_\_\_\_\_ Campus Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Eligibility Questions

Are you a U.S. Citizen? ☐ Yes ☐ No Are you a Permanent Resident? ☐ Yes ☐ No

Did either one of your parents graduate with a Bachelors / four-year degree? ☐ Yes ☐ No

If no, a parent signature is required. \_\_\_\_\_ Signed digitally on **DATE:** \_\_\_\_\_

Do you have a documented disability? ☐ Yes ☐ No If "Yes", did you already email your disability paperwork to the Student Accessibility Services office at [sas@canton.edu](mailto:sas@canton.edu)? ☐ Yes ☐ No

If you need information regarding what documentation to submit, please contact their office at 315-386-7392.

**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 computers, and study space.
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 record recordkeeping
  - b. program evaluation.
  - c. needs assessment
  - d. federal reporting
  - e. other administrative purposes

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: \_\_\_\_\_ Signed digitally on **DATE:** \_\_\_\_\_

**Email Completed Form  
To Angela Bellinger At:**

[bellinger@cantan.edu](mailto:bellinger@cantan.edu)

or

**Fax Completed  
Form To:**

315-379-3816

or

**Mail Completed Form To:**  
SUNY Canton TRiO Support Services  
34 Cornell Drive, MCC 233  
Canton, NY 13617