



# STUDENT SUPPORT SERVICES APPLICATION



2310 Centennial Tullis 103 Salina, KS 67401 785-826-2969 www.sal.ksu.edu/studentsupportservices

All information will remain confidential and will be used for A) eligibility determination, B) student demographic record keeping, C) needs assessment, D) federal reporting, E) other administrative purposes.

### PERSONAL INFORMATION

First Name:		Middle Name:	
Last Name:		SSN:	
Address:		Date of Birth:	
City, State, Zip:		Gender:	M F
Email:		Phone:	

### ETHNICITY

<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> African American
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other

### CITIZENSHIP STATUS

<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> International Student
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### ELIGIBILITY

Have you completed a FAFSA?	YES	NO				
Are you currently receiving financial aid through K-State?	YES	NO				
If no, please select one of the following:	<input type="checkbox"/> I am not eligible for financial reasons	<input type="checkbox"/> I am not eligible for academic reasons	<input type="checkbox"/> I am not eligible for other reasons			
What is the highest diploma/degree completed by ...						
Your Mother?	<input type="checkbox"/> 8 <sup>th</sup> Grade	<input type="checkbox"/> High School	<input type="checkbox"/> A.S.	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctoral
Your Father?	<input type="checkbox"/> 8 <sup>th</sup> Grade	<input type="checkbox"/> High School	<input type="checkbox"/> A.S.	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctoral
Your Guardian?	<input type="checkbox"/> 8 <sup>th</sup> Grade	<input type="checkbox"/> High School	<input type="checkbox"/> A.S.	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctoral
Do you want to declare a learning or physical disability?	YES	NO				
If yes, please provide a copy of disability documentation to the Student Support Services office.						

### PREVIOUS EDUCATION INFORMATION

Do you currently hold a high school diploma?	YES	NO		
Do you currently hold a GED?	YES	NO		
Are you a transfer student from another college/university?	YES	NO		
If yes, do you have transfer hours?	YES	NO		
Do you currently hold an Associate's Degree?	YES	NO	If yes, what was your major?	
Do you currently hold a Bachelor's Degree?	YES	NO	If yes, what was your major?	
Do you currently hold a Master's or Ph.D.?	YES	NO	If yes, what was your major?	

### CURRENT EDUCATION INFORMATION

What is your current major?				
What is your current grade standing by hours:	<input type="checkbox"/> Freshmen	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
Were you previously a member of SSS?	YES	NO	Date of last contact:	

### SERVICES REQUESTED (Please check all that apply)

<input type="checkbox"/> Tutoring Assistance	<input type="checkbox"/> Academic Advising/Counseling	<input type="checkbox"/> Time Management Skills
<input type="checkbox"/> English Course Assistance	<input type="checkbox"/> Cultural Enrichment	<input type="checkbox"/> Writing Skills
<input type="checkbox"/> Math Course Assistance	<input type="checkbox"/> Personal Counseling	<input type="checkbox"/> Study Skills
<input type="checkbox"/> Scholarship Assistance	<input type="checkbox"/> Financial Aid Referrals	<input type="checkbox"/> Reading Skills



STUDENT SUPPORT SERVICES APPLICATION



Statement of Agreement and Consent:

I authorize Student Support Services to gather my ACT scores, financial aid reports, transcripts, and other necessary information in order to provide me with the services that I have requested, and to make reports to the U.S. Department of Education for the re-funding of this program. I also authorize SSS to obtain periodic reports from my instructors regarding my academic progress for courses in which I am enrolled. I understand that all information will be kept confidential and will be used for the following specified purposes: 1) Student demographic data & record keeping, 2) Program evaluation, 3) Needs assessment, 4) Federal reporting, 5) Other administrative purposes

I also give consent to the reproduction of my image, by means of digital or magnetic audio/video recording, or still or motion photography. I understand that the use of the image will be primarily for the promotion of student support services or its agents or associates. I hereby consent to the reproduction of my image and likeness on the Web site of K-State at Salina, which is accessible via the internet. This consent shall be a continuing consent with no limitations or reservations, excepting those stated herein.

And also, I hereby release Student Support Services to provide information to the staff and faculty at K-State at Salina that have a need and a right to know about my academic progress/performance.

Statement of Verification: To the best of my knowledge, the above information is true.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTICE OF NONDISCRIMINATION

K-State at Salina is committed to nondiscrimination on the basis of race, gender, national origin, disability, religion, age, sexual orientation, or other non-merit reasons, in admissions, educational programs or activities, and employment (including employment of disabled veterans and veterans of the Vietnam Era), as required by applicable laws and regulations. Responsibility for coordination of compliance efforts and receipt of inquiries concerning the Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, has been delegated to Clyde Howard, Director of Affirmative Action, Kansas State University, 214 Anderson Hall, Manhattan, KS 66506-0124, 785-532-6220 or 785-532-4807 (TTY)

FOR OFFICE USE ONLY

ACADEMIC NEED		DETERMINATION	
HS GPA:		<input type="checkbox"/> Low HS Grades	<input type="checkbox"/> Academic Proficient Tests
Transfer GPA:		<input type="checkbox"/> Low Admissions Test Scores	<input type="checkbox"/> Failing Grades
KSU GPA:		<input type="checkbox"/> Predictive Indicator	<input type="checkbox"/> Limited English Proficiency
ACT Math:		<input type="checkbox"/> Low College Grades	<input type="checkbox"/> High school Equivalency
ACT English:		<input type="checkbox"/> Lack of academic preparedness for college level course work	<input type="checkbox"/> Need for academic support to raise grade(s) in required course(s)
ACT CUM:		<input type="checkbox"/> Lack of educational and/or career goals	<input type="checkbox"/> Out of the academic pipeline 5 + years
ELIGIBILITY		APR	
<input type="checkbox"/> LI/FG		Date of First Service:	
<input type="checkbox"/> FG		Entry Grade Level:	
<input type="checkbox"/> D		First Enrollment Date:	
<input type="checkbox"/> LI			
<input type="checkbox"/> D/LI			

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_