TRiO Student Support Services Program

STUDENT RE-ENTRY APPLICATION FOR PARTICIPATION
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Please print and please answer all sections on this application. Your responses are necessary so that we have the most up to date contact and advising information for your re-entry into the TRiO Student Support Services Program. Because of the personal nature of some of these questions, your responses will be held in the strictest confidence.

NAME: ___________________________________________________________ ___________

LAST FIRST M.I. Student ID#: _______________________

ADDRESS: __________________________________________________________

STREET

CITY STATE ZIP

PHONE: Home____________ Cell_________________ GENDER: M____ F_______

EMAIL: _____________________________________________________________ BIRTHDATE: ___________

Please choose any of the following that best represents your ethnicity and/or race:

African-American/Black (  ) Asian ( ) Native Hawaiian/Pacific Islander ( ) Hispanic/Latino ( )
American Indian/Alaskan Native ( ) White/Caucasian ( ) Other (Please specify) ________________

Is English your first language? Yes__No ___ If no, what is your native language? ________________

How many years were you totally educated in English? ____________

Have you applied for financial aid at CU Denver? Yes_____ No_____ For what term(s)? Summer ( ) Fall ( ) Spring ( ) Year? ____________

Have you received your award? Yes ____ No ____ Pending ____ If no, what is the status? ____________

What form(s) of financial aid are you receiving and/or have applied for?
Pell Grant _____ Work Study _____ Scholarship _____ Loan _____ Other _________________

Do you have a documented disability? Yes__ No__ If yes, please specify________________________

Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? Yes_____ No_____ Are you a Veteran of the US Armed Forces? Yes____ No____

At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court? Yes____ No____

If you were in foster care, when did you leave the foster care program? _________________________

Do you have a fixed, regular and adequate nighttime residence? Yes_____ No____ (For example, you live with parents, your own home or rental property or with family)

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If you answered no, you may fit the definition of homeless (read definition), so tell us which scenario best fits your situation so we can research ways to get you into a more secure living arrangement.

“Homeless” means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, are abandoned in hospitals, temporarily living with other people because you had nowhere else to go, residing at night in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as parks, abandoned buildings, bus or train station, or are awaiting foster care placement.

ACADEMIC ADVISING QUESTIONNAIRE

Intended Major (s) ______________________ Intended Minor (s) ______________________

Class Standing: Entering Freshman ______ Transfer Student ______ Freshman (0 - 29 hrs.) ______
Sophomore (30 - 59 hrs.) ______ Junior (60 - 89 hrs.) ______ Senior (90+ hrs.) ______

Will you be living on campus? Yes_____ No_____ 

Do you plan to work while attending school? Yes___ No___ If yes, how many hours per week?_____

What services are you interested in receiving at CU Denver TRiO SSS? (Check all that apply)

_____ Peer Mentoring __________ Academic Advising __________ Cultural Events/Activities

_____ Career Advising __________ Study Skills Seminars __________ Financial Aid/Scholarship Planning

_____ Tutoring __________ Personal counseling __________ College Survival Seminars

Are there other areas of support that you may be interested in while at CU Denver? (Please list)

________________________________________________________________________________________

Please answer the following questions in a few sentences.

Why did you choose to leave college?

________________________________________________________________________________________

Why are you coming back to CU Denver and what is different about your situation now?

________________________________________________________________________________________

Why are you interested in coming back into the CU Denver TRiO SSS Program?

________________________________________________________________________________________

Is there anything else you can share with us that may help us help you in meeting your educational goals?

________________________________________________________________________________________

________________________________________________________________________________________
ACKNOWLEDGEMENTS

Please read each statement below and check mark that you understand and agree.

☐ I hereby give my permission for the CU Denver TRiO Student Support Services staff to access my academic and financial aid records for the purpose of verifying my eligibility and supporting me academically as a TRiO SSS participant and a CU Denver student. I understand that the TRiO SSS staff agrees to adhere to all guidelines outlined under the Federal Education Rights and Privacy Act.

☐ I hereby give my permission for the CU Denver TRiO Student Support Services staff to access my midterm and semester grades electronically for the purpose of supporting me and my academic performance at CU Denver. I understand that I will have access to my academic record at any time.

☐ YES, I WANT TO RE-ENTER THE CU Denver TRiO STUDENT SUPPORT SERVICES PROGRAM.

☐ I certify that all the information provided on this form is true and complete.

STUDENT SIGNATURE ______________________________________ DATE_____________________  

*Your application must be filled out completely and signed and dated before it will be processed.

FOR STAFF USE ONLY

☐ Student is enrolled at institution: Yes ____ No _____

☐ Classification: _______ Freshman _______ Sophomore _______ Junior _______ Senior  

# of credits # of credits # of credits # of Credits

Term Re-Entered Program:_______ Cohort Year:_______ Grant Year:_______

The signing of this form is to certify that student is a stop-out participant of the TRiO SSS program and is ready for re-entry.

STAFF SIGNATURE_________________________________________ Date_________________________

Data base entry date____________ Entered by________________________________________

Print Name  

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