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 Student Support Services Program. Because of the personal nature of some of these questions, your responses will be held in the strictest confidence.

NAME: _________________________________ S.S.#: ______________________
LAST FIRST M.I.

ADDRESS: ________________________________ ID#: ______________________
STREET
CITY STATE ZIP

PHONE: Home_________________ Cell_________________ GENDER: M_____ F_____

E-mail Address: _________________________________ 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 UCD? 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)
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 UCD 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 UCD? (Please list) ____________________________________________________________

Please answer the following questions in a few sentences.

Why did you choose to leave college?
________________________________________________________________________

Why are you coming back to UCD and what is different about your situation now?
________________________________________________________________________

Why are you interested in coming back into the UCD 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 UCD 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 UCD student. I understand that the SSS staff agrees to adhere to all guidelines outlined under the Federal Education Rights and Privacy Act.

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

☐ YES, I WANT TO RE-ENTER THE UCD 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

_____ # of credits _____ # of credits _____ # of credit

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 and Initial