

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.

ADDRESS: _____ **Student ID#:** _____
STREET
CITY STATE ZIP

PHONE: Home _____ Cell _____ **GENDER:** M _____ F _____

EMAIL: _____ **BIRTHDATE:** _____

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 ___

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 night-time 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 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 Support	_____ 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 in meeting your educational goals?

ACKNOWLEDGEMENTS

Please read each statement below and initial or check 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** _____