



Application for Savannah State University TRiO Student Support Services

*** Please Note: If you have earned a 4 year college degree (Bachelors) you do not qualify for this program.**

STEP 1 Please answer the following questions about yourself.

- a. First and Last name: _____
- b. Current Mailing Address: _____
- c. Campus Mailing Address: 3219 College Street, Box # _____ Savannah, GA 31404
- d. Mobile cell number: _____
- e. Permanent phone number: _____
- f. Savannah State email: _____@student.savannahstate.edu
- g. Facebook: _____
- h. Twitter: _____
- i. Instagram: _____
- j. SSU Student ID number: 915 _____
- k. Birth Date: _____ / _____ / _____
- l. Are you Hispanic/Latino? ☐ Yes ☐ No
- m. What is your Race? Please check one of the following:
 - ☐ Black or African American ☐ American Indian/Alaskan Native ☐ Asian
 - ☐ Native Hawaiian or other Pacific Islander
 - ☐ White ☐ Other
- n. Gender: ☐ Female ☐ Male ☐ I identify as: _____
☐ Prefer not to disclose.
- o. Are you a U.S. citizen? ☐ Yes ☐ No

If you are not a U.S. citizen (complete p-q):

- p. Are you a permanent resident? ☐ Yes ☐ No
- q. Permanent resident alien number: _____
- r. Are you a transfer student? ☐ Yes ☐ No
- s. Enrollment status: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
- t. Major Program of Study: _____
- u. Former participant of TRiO Student Support Services? ☐ Yes ☐ No
- v. Former participant of TRiO (select all that apply): ☐ Education Talent Search; ☐ Upward Bound; or ☐ None

w. Do you have a documented disability that requires accommodations that you choose to disclose to TRiO?

☐Yes ☐No

- If yes, are you registered with the Disability Resource Center? ☐Yes ☐No

x. Has your mother earned a 4-year college degree? ☐Yes ☐No

If "Yes", name of college or university: _____

y. Has your father earned a 4-year college degree? ☐Yes ☐No

If "Yes", name of college or university: _____

z. With whom did you regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)? **Choose one.**

☐Mother ☐Father ☐Both Mother and Father ☐Neither Mother or Father

STEP 2 Please answer the following questions about yourself if you are under 24 years of age. Otherwise, skip ahead to STEP 3.

a. Are you married? ☐Yes ☐No

b. Do you have children or other dependents who receive half of their support from you? ☐Yes ☐No

c. At any time since age 13, were you an orphan, in foster care, or a ward of the court? ☐Yes ☐No

d. Prior to reaching 18 years of age were you an emancipated minor or did you have a court-appointed legal guardian? ☐Yes ☐No

e. Are you serving on active duty (for other than training purposes) in the U.S. Armed Forces? ☐Yes ☐No

f. Are you a U.S. Armed Forces veteran who was on active duty? ☐Yes ☐No; if Yes, were you Discharged under a condition other than Honorable? ☐Yes ☐No

g. Are you less than 18 years of age and have no parent or guardian? ☐Yes ☐No

h. Are you homeless (i.e., you lack a fixed, regular & adequate nighttime residence?) ☐Yes ☐No

STEP 3 If you are at least 24 years of age **OR** answered **Yes** to any Question in STEP 2, You answer a-c. **OR**

If you are under 24 years of age **AND** you answered **No** to **ALL Questions** in STEP 2, your Parent(s) answer a-c.

a. What is the total number of persons in your **household**? _____

b. Did you file a Federal income tax return last year? ☐Yes ☐No

c. What was your **Taxable** income (not **Total Income**) from the last calendar year? _____

STEP 4 If you need academic or other intervention services in order to achieve your educational goals at Savannah State, please select one or more of the services below or describe other ways in which Student Support Services can facilitate your success.

- ☐ **Academic Support** (tutoring, test-taking skills development, study skills development, etc.) Indicate courses or subject areas _____
- ☐ **Career Preparation** (career exploration, professional mentoring, resume writing, interview training, etc.)
- ☐ **Financial/Economic Literacy & Education** (i.e., scholarship acquisition, student loan repayment and forgiveness and debt repayment education, credit card management, etc.)
- ☐ **Graduate and Professional School Exploration and Application**
- ☐ **Personal Counseling**
- ☐ **Personal Development** (social skills, time management, dining etiquette, stress management, etc.)
- ☐ **Other Services:** _____

STEP 5 In 250 words or less, please describe why you are applying to the SSS program. Comment on your needs, what you hope to gain, and what commitments you are willing to make to succeed at Savannah State University and as a TRiO Student Support Services Participant. ***You may attach a separate sheet if you need to.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

STEP 6

Truthfulness & Accuracy: I agree that all the information provided is true to the best of my knowledge. I understand that any false information I have provided may result in the denial of my application or my immediate dismissal from the program. I understand that if I enroll in the Student Support Services program, I must participate in activities designed to achieve my academic goals and promote my holistic development.

Release of Information: I give Student Support Services permission to obtain any academic or personal information that is necessary for providing assistance to me, evaluating the effectiveness of the program, and fulfilling Federal and University reporting requirements. This information may be obtained from University departments and/or personnel, including but not limited to Savannah State: faculty and staff, Office of Admissions, Office of Financial Aid, Disability Resource Center, Office of Registrar, Office of Student Affairs, etc.

Photo Release: I ☐ Do/ ☐ Do Not consent to allowing SSS to use photos of me in newsletters, brochures, promotional materials, online, etc.

Privacy Act: I understand that the information contained herein will be kept in confidence and will not be revealed to anyone except Student Support Services personnel (i.e., professional staff and student employee) or Savannah State officials.

Student’s Signature Date

Signature of Student’s Parent or Legal Guardian (if less than 18 years of age) Date

STEP 7

Feel free to email your signed and dated application to Student Support Services at sssadmin@savannahstate.edu.
Or you can drop off your signed and dated paper application to us in Hubert D Room 429.

Savannah State University • TRiO Student Support Services
3219 College Street • Hubert D 429 • Savannah, GA 31404 • 912-358-4483
sssadmin@savannahstate.edu

SSS Office Use Only

Final Decision:

____ Accepted ____ Rejected

Entry grade level: ____ 1st yr. attended before ____ 1st yr. never attended before ____ 2nd yr. /sophomore
 ____ 3rd yr. /junior ____ 4th yr. /senior

Reason for rejection:

Project Director's Signature _____

Date: _____