





TRiO Student Support Services University of Arkansas at Pine Bluff Entrance Application

Name:		
(Last)	(First)	(Middle Initial)
Student ID:		
Local Address/Dormitory:		
City, State, Zip Code:		
Phone: ()		
Cell Phone: ()		
Work Phone: ()		
Permanent Address:		
City, State, Zip Code:		
Email Address:		
Date of Birth://		
Gender: M F (check one)	sian Black American White Hispania	/Indian
Ethnicity: Please circle one - <u>Hispanic</u> <u>As</u>	<u> Pacific Islander </u>	
United States Citizen: Yes No		inc islander
Marital Status: Single Married		
Referred By:		
Program Entry Date://_	Institution Entry Date: /	_ /
Program Entry GPA:		
INSTITUTION Declared Major and Career Interest:	'S ACADEMIC INFORMATION	
Program services you will receive: (Please ch		
TUTORING: English/Writing		
Other Courses (if available)		
PLEASE CHECK IF YOU ARE INTERESTED IN A	ANY OF THE TOPICS LISTED BELOW:	
Postsecondary course selection	Financial Literacy	
Federal Student Aid Information	Graduate School Assistance	
Cultural Activities Other		
Federal Student Aid Information Cultural Activities Other	Graduate School Assistance	

FINANCIAL AID INFORMATION PLEASE PROVIDE A COPY OF YOUR FINANCIAL AID AWARD NOTIFICATION Are you receiving any type of financial aid? Yes_____ No____ Pell Grant_____ Other Grants_____ Work Study_ If yes, then what type? Loans_____ Scholarship_____ **VERIFICATION INFORMATION** Please answer the following questions so that we may provide you with individualized services and activities. (NOTE: ALL ANSWERS WILL BE KEEP CONFIDENTIAL.) DID FATHER GRADUATE FROM A 4-YEAR COLLEGE? Yes_____ No_____ DID MOTHER GRADUATE FROM A 4-YEAR COLLEGE? Yes Do you have a documented disability and are registered with Services for Students with Disabilities? Yes No TOTAL NUMBER IN YOUR IMMEDIATE HOUSEHOLD **TOTAL FAMILY TAXABLE INCOME: (Please check one) \$0 - 18,090 _____ \$18,091 - 24,360_____ \$24,361 - 30,630_____ \$43,171 - 49,440_____ \$30,631 - 36,900_____ \$36,901 - 43,170 _____ \$49,441 - 55,710 \$55,711 - 61,980 Over \$61,980 YOU ARE REOUIRED TO ATTEND STUDENT SUPPORT SERVICES ORIENTATION: DATE, TIME AND LOCATION WILL BE ANNOUNCED AT A LATER DATE. I HEREBY CONSENT TO THE RELEASE OF MY **ACADEMIC** AND **FINANCIAL AID** RECORDS/INFORMATION TO THE TRIO STUDENT SUPPORT SERVICES PROGRAM. THIS IS EFFECTIVE FOR THE PERIOD WHICH I AM EN-ROLLED AT THE UNIVERSITY OF ARKANSAS AT PINE BLUFF. I ALSO GIVE SSS PREMISSION TO USE PHOTO-GRAPHS TAKEN DURING CULTURAL ACTIVITIES FOR MEDIA PURPOSES. STUDENT'S DATE: ____/____/____ SIGNATURE: **DIRECTOR'S** FOR OFFICE USE ONLY Student Number: _____ Eligibility: ACADEMIC NEED FINANCIAL AID AMOUNT RECEIVED: GRANT AID AMOUNT RECEIVED: SSS REVISED APPLICATION 7/17 JB