



STUDENT SUPPORT SERVICES

Cal Poly, San Luis Obispo PROGRAM APPLICATION

APPLICANT INFORMATION

Please indicate the information requested. Where multiple choices are given, please check the correct item.

Last Name _____ First Name _____ Middle Initial _____

Local Mailing Address _____ City _____ State _____ ZIP _____

Primary Number _____ Landline Cell Alternate Number _____ Landline Cell

Social Security Number _____ - _____ - _____ Empl. ID _____

E-Mail _____ Major _____

Emergency Contact Person: _____ Relationship: _____

Emergency Phone: _____

APPLICANT ASSESSMENT AND QUESTIONNAIRE

Gender MALE FEMALE

Are you a Veteran? Yes No

Are you a Transfer Student? Yes No

Current GPA: _____

Residency

U.S. CITIZEN PERMANENT RESIDENT OTHER _____

Race/Ethnicity

AMERICAN INDIAN / ALASKA NATIVE NATIVE HAWAIIAN / PACIFIC ISLANDER BLACK / AFRICAN AMERICAN
 HISPANIC / LATINO CAUCASIAN ASIAN MULTICULTURAL

Language

Is English your primary language? YES NO

Please check **TRIO** programs in which you have previously participated & where: (MARK ALL THAT APPLY)

TALENT SEARCH UPWARD BOUND VETERAN'S UPWARD BOUND
 STUDENT SUPPORT SERVICES EOC
 High School Community College Other: _____

If you plan to work during the school year, please note below:

Place of employment: _____ Hours Worked Per Week: _____

OFFICE USE ONLY

RECEIVED BY _____ DATE RECEIVED _____

ELIGIBILITY CRITERIA

Please indicate the information requested or check the correct item.

THE FOLLOWING INFORMATION IS USED TO DETERMINE ELIGIBILITY FOR THE STUDENT SUPPORT SERVICES PROGRAM (SSS). THIS INFORMATION IS REQUIRED OF ALL APPLICANTS, AND MAY NEED TO BE VERIFIED IN ORDER FOR STUDENTS TO QUALIFY FOR PARTICIPATION. SSS AND CAL POLY, SAN LUIS OBISPO, ENSURE THAT ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL AS CONSISTENT WITH THE FEDERAL FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974.

EDUCATION

Please indicate the highest education level completed by each of your biological/adoptive parents:

Mother

NO FORMAL EDUCATION

LESS THAN HIGH SCHOOL

HIGH SCHOOL / GED

2-YEAR COLLEGE, INDICATE DEGREE EARNED _____

4-YEAR COLLEGE, INDICATE DEGREE EARNED _____

Father

NO FORMAL EDUCATION

LESS THAN HIGH SCHOOL

HIGH SCHOOL / GED

2-YEAR COLLEGE, INDICATE DEGREE EARNED _____

4-YEAR COLLEGE, INDICATE DEGREE EARNED _____

INCOME

Are you legally dependant on your parents income? Yes No

Size of Family: _____ (# OF PEOPLE IN YOUR HOUSEHOLD)

Please indicate tax return filing status: SINGLE HEAD OF HOUSEHOLD MARRIED DO NOT FILE

(If you are legally dependant on your parents income, report information from their tax return. If not, report information from your return)

Taxable Income: (This is **NOT** Adjusted Gross Income. Use line 43 on IRS form 1040 or line 27 on 1040A or line 6 on 1040EZ)

\$0 - \$16,244

\$33,075 - \$38,684

\$55,515 - \$61,124

\$71,445 - \$76,604

\$16,245 - \$21,854

\$38,685 - \$44,294

\$61,125 - \$64,202

\$76,605 & above

\$21,855 - \$27,464

\$44,295 - \$49,904

\$64,203 - \$66,284

\$27,464 - \$33,074

\$49,905 - \$55,514

\$66,285 - \$71,444

Have you been awarded Financial Aid for the current school year? YES (CHECK SOURCE BELOW) NO DID NOT APPLY

PELL GRANT SEOG SCHOLARSHIP LOAN WORK-STUDY VOC REHAB VA BENEFITS PERKINS NDLS

DISABILITY STATUS

Are you currently receiving services from the Office of Vocational Rehabilitation? Yes No

Do you have a documented disability? YES NO

If yes, have you registered with the Cal Poly Disability Resource Center (DRC)? YES NO

If you are not currently working with the offices mentioned above, you may be required to submit written documentation by a qualified professional, physician, or state agency to verify your eligibility.

INFORMATION RELEASE

I understand that as a participant in Student Support Services (SSS), any or all of the academic support services of Student Academic Services (SAS) will be available to me. I understand all data collected will be kept confidential.

By signing this, I grant permission to Student Support Services to track all of my academic progress at Cal Poly and at any other academic institution. I authorize the release of my student academic and financial aid records for the SSS program to use for reporting purposes to the U.S. Department of Education.

In addition, I hereby give my permission for my photograph, work and/or statements to be used by Student Support Services for promotional, publicity or instructional purposes.

All information provided is accurate to the best of my knowledge.

PRINT NAME

STUDENT SIGNATURE

DATE

Note: Incomplete applications will not be accepted.