

FLORIDA A&M UNIVERSITY
TRIO ACADEMIC SUPPORT CENTER
STUDENT SUPPORT SERVICES

STUDENT INFORMATION FORM

PLEASE TYPE OR PRINT INFORMATION THEN MAIL TO:



Florida A&M University
TRIO/Student Support Services
640 Gamble Street
Tallahassee, FL 32307-5800
katie.walker@famuedu
850-561-2638 (phone)
850-599-3745 (fax)

I. INFORMATION ON STUDENT APPLICANT

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____

(City) (State) (Zip Code)

Email Address: _____ Proposed Major: _____

Telephone Number: (____) _____ Date of Birth: _____ Sex: M _____ F _____

Social Security Number: ____-____-____ FAMU ID# _____ Twitter Username: _____

Citizenship: Citizen _____ Permanent Resident _____ Immigration Service _____ Pacific Trust _____

Ethnic Background: Black _____ American Indian _____ Asian _____ Hispanic _____ White _____

Were you ever in any other TRIO Program? Please circle. (Upward Bound, Educational Talent Search, Student Support Services, CROP)

II. INFORMATION ON STUDENT'S ENROLLMENT STATUS

Have you been admitted to FAMU? Yes _____ No _____

Have you applied for Financial Aid at FAMU? Yes _____ No _____

Have you been awarded Financial Aid? Yes _____ No _____

Do you plan to live on campus? Yes _____ No _____

If you plan to live on campus, have you applied for housing? Yes _____ No _____

Have you received your campus housing agreement? Yes _____ No _____

III. INFORMATION ON STUDENT'S HOUSEHOLD

STATEMENT OF CONFIDENTIALITY:
The information contained in this application is for the purpose of determining applicant's eligibility for the Student Support Services Program. Information received on income is highly confidential.

- With whom do you live?**
- () Both Parents/Male & Female Guardians
 - () Mother/Female Guardian ONLY
 - () Father/Male Guardian ONLY
 - () None of the Above - Independent Student

Mother/Female Guardian Name: _____ Father/Male Guardian Name: _____

(Please attach a copy of the completed Income Tax Form for 2011)

Occupation

Annual Income

Mother or Female Guardian (Living in Household Only) _____

Father or Male Guardian (Living in Household Only) _____

Independent Student _____

Number of children in household (including yourself): _____

Total number in household (including parents or guardians): _____

Does your family receive assistance from any of the following?

Aid to Families with Dependent Children (AFDC)	Yes _____	No _____
Social Security	Yes _____	No _____
Veteran's Benefits	Yes _____	No _____
Food Stamps	Yes _____	No _____
Unemployment Compensation	Yes _____	No _____

Educational Attainment of Mother or Female Guardian (Living in Household Only):

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Some College

College Degree Earned, if any: Bachelor Master Specialist Ph.D.

Educational Attainment of Father of Male Guardian (Living in Household Only):

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Some College

College Degree Earned, if any: Bachelor Master Specialist Ph.D.

My signature below indicates that the information given on this application is true and complete to the best of my knowledge.

(Student Signature)

(Date)

My signature below indicates that my child is under 18 years of age and that the information given on this application is true and complete to the best of my knowledge.

(Parent Signature)

(Date)

DO NOT WRITE IN THIS SPACE
FILE INFORMATION

Date Accepted: _____

Eligibility: LI/FG=1 _____ LI=2 _____ FG=3 _____ PH=4 _____

Program Referral: AR _____ UB _____ FS _____ CR _____ TS _____ SS _____ AT _____ WI _____ XF _____

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PARTICIPANT'S SELF-ASSESSMENT SURVEY

NAME _____

DATE _____

When you first enter TRIO/Student Support Services (SSS) and periodically, as you progress through your program of studies toward completion of your degree, the SSS staff will review your progress and identify services which may be of assistance to you. In doing this type of needs assessment, the program will review academic information such as admission and other standardized test scores, and grade point averages. The staff also believes that this type of information does not always tell the whole story. We are, therefore, giving you this opportunity to give us your opinion. Please take a few minutes to complete the survey. We will review your responses in relation to your academic progress, which we will discuss with you during a personal conference. We are available to confer with you at any time upon request. Please do not hesitate to contact us.

INSTRUCTIONS: Please rate the level of need you feel you might have for assistance with the following areas or activities. 5=Substantial 4=Moderate 3=Some 2=Minimal 1=None

A. Academic Activities

- _____ 1. Math
- _____ 2. Communications (English/Writing)
- _____ 3. Sciences
- _____ 4. College Level Academic Skills Test (CLAST) Preparation
- _____ 5. Tutoring (other than above)

Specify _____

B. Counseling Activities

- _____ 6. Career Planning
- _____ 7. Major Selection
- _____ 8. Academic Counseling/Advisement
- _____ 9. Financial Counseling
- _____ 10. Personal Counseling
- _____ 11. Graduate School Counseling

C. Other

Please list or describe any other assistance you would like provided during the coming school year or elaborate on any of those you rated above.
