

High School _____ Graduation Year _____

GED Received? Yes _____ No _____ If yes, date: _____

Have you attended any other colleges or universities? Yes _____ No _____

If yes, please list colleges/universities and dates of attendance _____

Have you previously participated in: (check all that apply)

- _____ Upward Bound
- _____ Talent Search
- _____ Educational Opportunity Center
- _____ Math/Science Upward Bound
- _____ Veterans Upward Bound
- _____ Student Support Services

If so, what college, university, program or agency was your program affiliated with? _____

Identify all programs/activities that you are currently, or have been involved with: (check all that apply)

- _____ HCOP
- _____ TEAM
- _____ Other (please specify) _____
- _____ CAPE
- _____ WVU Athlete
- _____ HSTA
- _____ FOCUS

ELIGIBILITY DATA:

Have you been admitted to WVU? Yes _____ No _____

Are you currently enrolled in classes at WVU? Yes _____ No _____

Please indicate the first semester you attended/will attend WVU? (i.e. fall 2005) _____

What is/will be your current college grade level? Freshman _____ Sophomore _____ Junior _____ Senior _____

What is your major? _____

Have you applied for Financial Aid through the FAFSA form? Yes _____ No _____

Have you been awarded Financial Aid at WVU (loans, grants, etc.)? Yes _____ No _____

Are you registered with WVU's Office of Disability Services? Yes _____ No _____

If yes, I give WVU Student Support Services permission to exchange information with WVU's Office of Disability Services and to keep documentation of my registration on file:

Student Signature

Indicate with whom you reside & names _____ Both Parents _____

_____ Mother _____

_____ Father _____

_____ Other (be specific) _____

Has either parent/guardian graduated from a four-year college/university? Yes _____ No _____

Please indicate the highest level of education for your parent or guardian (i.e. grade school, HS, college):

Mother _____ Year of graduation _____ Institution _____ Degree _____

Father _____ Year of graduation _____ Institution _____ Degree _____

Other _____ Year of graduation _____ Institution _____ Degree _____

Indicate your family income: Current family size _____ Total income \$ _____

Source of income: _____

(Example: employment, Social Security,)

ESSAY: Please answer the following questions in the space provided for each. You should answer with a minimum of three or four sentences or you may attach additional pages if needed.

1. Why are you attending college?

2. Why are you interested in being a member of Student Support Services?

PARTICIPATION AGREEMENT

The purpose of this agreement is to communicate an understanding of your responsibilities as a West Virginia University Student Support Services participant. While SSS agrees to provide free, personalized services and support, we believe students should be aware of their responsibilities before agreeing to participate in the program. Thus, we request you carefully read this agreement before signing.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. I will attend all appointments and meetings arranged through SSS.
2. My academic progress will be monitored by SSS staff and a current record of my academic work will be maintained.
3. I will discuss any changes in registration with my SSS counselor prior to making the official change (i.e. dropping/adding courses or withdrawing from WVU.)
4. I will maintain regular contact with my SSS counselor or program staff (at least once a semester) during my enrollment as an undergraduate student at WVU.

CERTIFICATION

I certify that any information which I have provided is true and correct to the best of my knowledge.

I understand that Student Support Services staff will use the data provided on this application form to assist in assessing any academic and/or career planning needs. SSS staff may obtain any and all information and documentation necessary for processing and evaluating my academic pursuits. I also understand that the SSS staff can assist me in achieving my academic goals only if I fulfill my obligations, and failure to meet my responsibilities as required may result in dismissal from the program.

Student Signature

Date

Parent/Guardian Signature (If under 18)

Date

Staff Signature

Date

From:

name

address

city

state

zip code

Post Office
will not
deliver
without
proper
postage

Student Support Services/TRIO
West Virginia University
PO Box 6230
Morgantown, WV 26506-6230