



COLORADO STATE UNIVERSITY - PUEBLO SSS Application 2016-2017

Do not put your SSN# or Sign this Document, you will provide that information with SSS Staff at a later date.

Thank you

DATE \_\_\_/\_\_\_/\_\_\_ SSN#: \_\_\_\_\_ PID#: \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

LOCAL ADDRESS \_\_\_\_\_

CITY

STATE

ZIP CODE

PERMANENT ADDRESS \_\_\_\_\_

CITY

STATE

ZIP CODE

TELEPHONE # ( ) \_\_\_\_\_ WORK # ( ) \_\_\_\_\_

CELL PHONE # ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

GENDER (F/M) \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_

U.S. CITIZEN (Y/N) \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

MARITAL STATUS

\_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow(er)

ETHNICITY

\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ Black or African-American

\_\_\_ American Indian or Alaska Native \_\_\_ Hispanic or Latino

\_\_\_ White \_\_\_ Asian

\_\_\_ More than One Race Reported \_\_\_\_\_

In case of EMERGENCY contact \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone # \_\_\_\_\_

PROJECT INFORMATION:

How did you learn about the SSS Project? \_\_\_\_\_

Have you ever been a TRIO Project Participant? (If Yes, Please check and list institution)

Upward Bound  Student Support Services  EOC  Talent Search

Institution \_\_\_\_\_

ACT/SAT Composite Score \_\_\_\_\_

FINANCIAL AID (Y/N) \_\_\_\_\_ (If Yes, Submit copy of Financial Aid Award Letter)

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

**CLASS STANDING:**

\_\_\_\_ Freshman      \_\_\_\_ Sophomore      \_\_\_\_ Junior      \_\_\_\_ Senior  
\_\_\_\_ Transfer \_\_\_\_\_

Institution

**FIRST GENERATION: (neither parent has a four-year degree)**

Has your mother received a FOUR-YEAR DEGREE? (Y/N) \_\_\_\_\_

Has your father received a FOUR-YEAR DEGREE? (Y/N) \_\_\_\_\_

**DISABILITY:**

**If you are disclosing a disability attach a letter of verification from the CSU-Pueblo Disability Resource Office.**

**INCOME INFORMATION:**

**Note: The application is not complete until you submit a SIGNED copy of the most current 1040 TAX FORM or proof of income for the previous year, or a letter of fixed income, or a signed copy of your Student Aid Report (SAR).**

**SERVICES PROVIDED:**

What program services will you be utilizing?

- |                                       |                                |
|---------------------------------------|--------------------------------|
| ____ Academic Planning                | ____ Study Skills Assistance   |
| ____ Class Scheduling/Registration    | ____ Deciding on a Major/Minor |
| ____ Financial Aid/Financial Literacy | ____ Tutoring _____            |
| ____ Career Counseling/Planning       | ____ Other _____               |

**CONTRACT FOR SERVICES:**

I understand that if I am a first time freshmen and enroll in the TRiO - SSS program, I am required to take (US 151) Introduction to Academic Life course taught by TRiO - Student Support Services Staff.

I authorize the staff of TRiO - Student Support Services Project at Colorado State University – Pueblo to obtain from the Admissions, Records, and Student Financial Services Offices any academic records/data pertinent to my participation in the TRiO - Student Support Services Project (i.e., grade reports, copies of class schedules, transcripts, or any other pertinent academic data from the appropriate sources, and to request progress reports from my instructors).

I understand that I must cooperate and participate in all my appointments made by the TRiO - SSS Project. I understand that if I fail to perform according to the project’s requirements, I may be dropped from the Program.

I agree to participate in the TRiO - Student Support Services Project and certify that the information I provided on the application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Project Director or Retention/Academic Specialist

\_\_\_\_\_  
Date of Signature