

BLOOMSBURG UNIVERSITY
TRIO STUDENT SUPPORT SERVICES

Location: 268 Student Services Center

Phone: 570-389-3606

www.bloomu.edu/trio

APPLICATION FOR ENROLLMENT

A COPY OF PARENTS/STUDENTS TAX FORMS ARE REQUIRED PRIOR TO TRIO SSS ENROLLMENT.

Name _____ Soc. Sec. No. _____ ID No. _____

Date of Birth _____ Sex _____ Are you a U. S. citizen? Yes No Permanent US resident? Yes No

BU address _____

Cell Phone no. _____ BU e-mail address _____

Home address _____ City/state/zip _____

Home phone _____ Race _____ Primary language spoken at home _____

High school attended _____

Are you involved in BU athletics? Yes No If yes, sport? _____ Coach _____

Were you a summer freshman? Yes No **Were you accepted through Act 101/EOP? Yes No**

Were you in an Upward Bound program? Yes No **If yes, where and when?** _____

Are you a transfer student? Yes No If yes, College or University attended _____

Do you consider yourself a "nontraditional" student (over age 25 or married)? Yes No

Did you complete FAFSA this year? Yes No Are you an independent student for financial aid? Yes No

Has your family's financial situation changed significantly since you filed your last FAFSA? Yes No

If yes, please explain _____

Do you live with: both parents _____ mother and spouse _____ father and spouse _____

mother only _____ father only _____ other _____

How many siblings live in your home? _____

Have you ever lived in Foster Care? Yes No If yes, how long? _____

Have you ever lived in a Homeless Shelter? Yes No If yes, how long? _____

Educational level COMPLETED by parents (please circle one for each parent)

Mother:	grade school or high school	some college/ associate's degree/RN	bachelor's degree or higher
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Father:	grade school or high school	some college/ associate's degree/RN	bachelor's degree or higher
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Are you now employed? _____ Job title _____ Hours per week _____

Employer/Location _____ Is this a work-study position? Yes No

Have you been diagnosed with a learning or physical disability? Yes No

If YES, please describe your diagnosis _____

Are you dealing with an ongoing health condition? Yes No

If YES, please describe your diagnosis _____

Have you enrolled in BU Office of Accommodative Services for Students with disabilities? Yes No

PAPERWORK DOCUMENTING DISABILITY IS REQUIRED BEFORE TRIO SSS ENROLLMENT.

Please read the following statements:

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PAPERWORK DOCUMENTING DISABILITY IS REQUIRED BEFORE TRIO SSS ENROLLMENT.

The personal information which you give to TRiO Student Support Services is reported to the U. S. Department of Education, the TRiO Student Support Services funding agency. The information is protected by the privacy act. No one may see the information unless he/she works with or for the TRiO Student Support Services program or is specifically authorized to see the information.

Please note that, if you take advantage of program counseling services at any time, information which you may share with the program faculty in a **personal** counseling session will **not** be available to or shared with anyone else. The program faculty will record in your file only the date and time of such a counseling session, not the details of the discussion.

The Department of Education requires that TRiO Student Support Services verify and keep records of participants' financial aid status, admissions information, and grades. This information is necessary to determine your eligibility for program participation and to measure program success. **TRiO Student Support Services does request grades and evaluations of each participant's progress from his/her instructors throughout each semester.**

By signing this application, you are giving permission for TRiO Student Support Services to access the following information:

- All admissions information, including high school transcripts
- Information on your financial aid application/taxable income
- Course schedules and grades
- Semester progress reports (which we will request from your course instructors)

TRiO Student Support Services has my permission to: (please check the appropriate boxes)

- send program information to my parent(s)/guardians and inform them that I am participating in TRiO SSS**
- take photographs at TRiO/BU functions and use them on TRiO/BU publications**
- receive notification regarding violations of BU Student Standards from the office of Student Standards**

I have read and I agree to the conditions outlined in the statement above. I attest that all information provided is, to the best of my knowledge, accurate and complete.

Date _____

Signed _____



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