**Tusculum College**

**Student Support Services Program Application**

***P.O Box 5053 Greeneville, TN 37743***

***423-798-1635 Fax: 423-787-8494 1-800-729-0256 ext. 5635***

Student Support Services is funded by the U.S. Department of Education for $281,511. Certain personal

information is required; however, the information provided will be held in strictest confidence.

**\*\*\*NOTICE - To be considered for Student Support Services, applicants MUST attach a copy of the**

**parent’s 2016 tax return when submitting this application. Applications lacking tax documentation are considered incomplete and will not be reviewed. If parents did not file taxes for 2016 please call a program representative at the number listed above for information regarding completion of an Income Verification Form.**

**Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print All Information)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last** **First Middle**

Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Box Number #\_\_\_\_\_\_\_\_\_\_ Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the 2017-2018 academic year, the applicant will be: \_\_\_\_\_ an on Campus Resident \_\_\_\_\_a Commuter

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, St., Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*IMPORTANT**: E-mail **you check** frequently:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(This is one way we may need to contact you.)**

What is your preferred method of correspondence? \_\_\_\_\_E-mail \_\_\_\_\_Mail Sent to Home Address

Ethnicity: (Check one)

\_\_\_\_\_\_White \_\_\_\_\_\_Black or African American \_\_\_\_\_\_Hispanic \_\_\_\_\_\_Asian \_\_\_\_\_\_Multiracial

\_\_\_\_\_\_American Indian/Alaskan Native \_\_\_\_\_\_Native Hawaiian or Other Pacific Islander

**ELIGIBILITY INFORMATION**

Citizenship: (Check one)

\_\_\_\_\_U.S. Citizen \_\_\_\_\_\_Territory Resident \_\_\_\_\_\_Permanent Visa \_\_\_\_\_\_Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom do you live?

\_\_\_\_\_\_Mother \_\_\_\_\_\_Father \_\_\_\_\_\_Guardian \_\_\_\_\_\_Spouse \_\_\_\_\_Other

Have you lived with your parents in the last year? \_\_\_\_\_\_Yes \_\_\_\_\_No

Does your mother/guardian have a 4-year college degree? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

Does your father/guardian have a 4-year college degree? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

**\*\*\*In order to be considered for admission into Student Support Services, applicants must submit a copy of their parents’ tax return (form 1040 or equivalent) for the current year. The federal government requires applicants to provide documentation of their family’s taxable income and number of persons within the family household. This information is usually located within the first two pages of most tax forms. For 2016 forms, the taxable income amount appears on** **line 43 of FORM 1040, Line 27 of FORM 1040A, and line 6 of FORM 1040EZ.**

**Income documentation should be mailed or faxed WITH the application to the address or fax number above.**

**\*\*\*\*\*Please fill out the back page of this application\*\*\*\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EDUCATIONAL BACKGROUND**

Previous participation in other Federal TRIO programs:

\_\_\_\_Talent Search (Not DUKE TIP)

\_\_\_\_Upward Bound

\_\_\_\_Educational Opportunity Centers

\_\_\_\_Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous college(s) attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name/city/state)

**FINANCIAL AID INFORMATION**

Have you applied for financial aid? \_\_\_\_Yes \_\_\_\_No If so, will you be receiving aid for 2015-16? \_\_\_\_Yes\_\_\_\_No

**DISABILITY INFORMATION**

Do you have a learning disability of any kind? \_\_\_\_Yes \_\_\_\_No

If so, have you or do you intend to inform the campus Academic Resources Center (ARC) of your learning disability? \_\_\_\_Yes \_\_\_\_No

Please list or describe your learning disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SERVICES NEEDED**

Please check all areas in which you need assistance, instruction, or information.

\_\_\_\_Academic Advising \_\_\_\_Graduate School Info/Visit \_\_\_\_Personal Finance Counseling

\_\_\_\_Career Guidance \_\_\_\_Mentoring \_\_\_\_Informational Workshops

\_\_\_\_Computer Skills/Assistance \_\_\_\_Personal Counseling \_\_\_\_Other

\_\_\_\_Tutoring \_\_\_\_Study Skills Enhancement

\_\_\_\_Cultural Enrichment \_\_\_\_Student Success Skills

\_\_\_\_Financial Aid Information \_\_\_\_Scholarships

**STUDENT COMMENTS**

Additional information you wish to share that may assist program staff in helping you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I understand that I must utilize program services and/or activities. Prolonged inactivity (for longer than two semesters) may result in forfeiture of participation in the program.**

**In addition, this is to certify that I agree to waive my rights under the Family Privacy Act (Buckley Amendment), and agree to permit the Student Support Services Program staff to access academic history and financial aid and information. I understand that this information will be held in strict confidentiality and only utilized in determining eligibility and reporting performance.**

**I also give my permission for Tusculum College SSS to use my likeness or photographic images for program-related publications, social media, and/or public relations materials. Such items may include: newspaper releases, Facebook posts, web site images, and promotional brochures. I understand that these items will be used by Tusculum College’s Student Support Services program personnel solely for the purposes of promoting the program.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**