



**INTAKE APPLICATION
TRIO STUDENT SUPPORT SERVICES
California State University Fullerton**

Office Use Only
AC _____ DN _____ KOF _____
COUN _____
COHORT _____
APPROVED _____

Today's Date _____

PERSONAL INFORMATION

Name (first, middle, last): _____

Campus Wide ID: _____ Date of Birth: _____

Mailing Address: _____
Street or PO Box City State Zip

Permanent Phone: _____ Cell Phone: _____

CSUF E-Mail: _____ Personal E-Mail: _____

<p>Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race: check the box if you identify with any race below</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>	<p>Marital Status:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced <input type="checkbox"/> Widowed</p> <p>Are you over 24 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you a US Citizen <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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Are you a veteran: Yes No Active? Yes No Branch: _____

ELIGIBILITY

Have you applied for FAFSA? Yes No
(Free Application for Federal Student Aid)

<p>Are you low-income? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <i>**To complete this application a signed copy of your parents (or yours if over 24 years old or married) 1040 tax forms must be returned along with this application</i></p>	<p>OFFICE USE ONLY</p> <p>Verified LI <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Verified: _____ By: _____</p>
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<p>Do you have a documented physical, mental or learning disability? (You will be required to have documentation on file at the CSUF Disabled Student Services and attach a copy to this application)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>OFFICE USE ONLY</p> <p>Registered at DSS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Verified: _____ By: _____</p>
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Are you a first generation college student? (Neither parent received a 4 year Bachelor's degree from a university before you were 18 years old) Yes No

What educational level did your parents attain? (check all that apply)

High School Diploma / GED Associate Degree (2 year) Bachelor's Degree (4 year)
 Beyond Bachelor's Degree Other

EDUCATION INFORMATION

Have you received your: High School Diploma Date Graduated: _____
 GED (General Educational Development) Date Completed: _____

Have you participated in any of the following TRIO programs: (check all that apply) None
 Talent Search Upward Bound Student Support Services Educational Opportunity Center
 Ronald E. McNair Program What Affiliated College or Center? _____

Have you participated in any of the following CSUF programs: (check all that apply) None
 CSUF EOP Educational Opportunity Program
 Tuffy Graduation Scholars Center for Scholars Veterans Resource Center

Have you previously attended college: Yes No
If yes, which institution: _____ Last semester attended: _____

Current Grade Point Average: _____

Class Standing: (check all that apply)
 College Freshman (below 30 units)
 College Sophomore (30 units or more)
 College Junior (60 units or more)
 College Senior (90 units or more)

This semester I am enrolled:
 Full Time (12 or more credit hours)
 Quarter Time (9-11 credit hours)
 Part Time (less than 9 credit hours)

Graduate School Plans
 No interest in graduate school
 Undecided about graduate school
 Will likely apply for graduate school

Career Goal - My career plans are:
 Undecided Decided
Please specify: _____

SELF ASSESSMENT

Check all areas in which you feel SSS staff may be able to assist you in the future.

- Holistic and Individualized Counseling** – Regularly update your graduation plan that considers your specific situation
- Scholarship and Financial Aid Information** – Learn about scholarship and financial aid opportunities, eligibility requirements and application deadlines
- Workshops** – One hour group sessions focused on skills development and
- Tutoring** – Receive referral for available on campus tutoring or directly from SSS if available
- Career Counseling** – Receive support in determining the best college major and career path
- Graduate School Advising** – Receive assistance in applying to a graduate program to continue your education after earning your bachelor’s degree.

PERSONAL ESSAY

Please briefly describe why you would like to join TRIO Student Support Services (TRIO SSS) and what you hope to receive as a TRIO SSS participant.

PARTICIPANT AGREEMENT

TRIO Student Support Services (TRIO SSS) is a federally funded program created to assist low-income students, first-generation, or have disabilities with an academic need for support to achieve their educational goals. The goal of SSS is to assist students in ensuring they persist and graduate from CSUF with their bachelor's degree. Because our purpose is to help those in the program achieve this goal AND because there are a limited number of openings in our program, we believe a relationship of mutual commitment is necessary.

Therefore, **WE COMMIT** to offer quality academic support services that guide you through the best-planned pathway that leads to graduation from CSUF in an effective manner.

In return for these services, **YOU COMMIT** to the following as a TRIO SSS participant.

- Meet with your TRIO SSS counselor at least three times EACH SEMESTER from the date you are added to TRIO SSS UNTIL YOU GRADUATE from CSUF.
- Meet with your TRIO SSS counselor before dropping/adding classes or before withdrawing from CSUF
- Complete the FAFSA every year before March 2nd, regardless of your current income.
- Attend two tutoring sessions or workshops offered at CSUF each semester
- Return any borrowed property of SSS (i.e., laptop, textbook, etc.) by the agreed-upon date

CONTRACTUAL AGREEMENT

I agree to commit to the program stipulations listed in the above Participant Agreement. I realize that if I actively ignore my SSS Counselor's suggestions or do not fulfill my commitments, I may have a registration hold placed on my student center until I meet my commitment. I also understand that the SSS program may remove me as an active program participant if I do not comply with this commitment or stop enrollment at CSUF at any time.

As a TRIO SSS participant, I authorize the program staff to keep a file containing certification of my program eligibility and other documents to verify received services and assist in advising me. I also give TRIO SSS staff permission to share and receive information with CSUF faculty and staff to advise me effectively. I certify that the information I have supplied on this form is true and accurate, to the best of my knowledge.

Student Signature _____ Date _____ SSS Counselor _____

Please return this application to TRIO SSS in Gordon Hall-179, or by email LTautolo@fullerton.edu along with your income verification. This verification should be the most recent completed and signed 1040 tax forms.

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
ACADEMIC NEED:	Notes:	
<input type="checkbox"/> 1 low high school grades <input type="checkbox"/> 2 low admission test scores <input type="checkbox"/> 6 low ELM/EPT scores <input type="checkbox"/> 7 low grades	<input type="checkbox"/> 8 high school equivalency <input type="checkbox"/> 9 failing grades <input type="checkbox"/> 10 out of school > 5 years <input type="checkbox"/> 11 other	<input type="checkbox"/> 12 limited English proficiency <input type="checkbox"/> 13 unsure of educational/career goals <input type="checkbox"/> 14 not academically prepared <input type="checkbox"/> 15 need help to raise class grade