

Application For:



Student Support Services

CALIFORNIA STATE UNIVERSITY, CHICO

**Student Support Services is a federally funded TRIO program.
There is no cost to participate.**

The program provides opportunities for academic development, assists students with basic college requirements, and serves to motivate students toward the successful completion of their postsecondary education. Student Support Services (SSS) projects provide grant aid to current SSS participants who are receiving Federal Pell Grants (# 84.063). The goal of SSS is to increase the college retention and graduation rates of its participants and help students make the transition from one level of higher education to the next.

Types of Activities

Activities include: instruction in basic study skills; tutorial services; academic, financial, and/or personal counseling; assistance in securing admission and financial aid for enrollment in four-year institutions; assistance in securing admission and financial aid for enrollment in graduate and professional programs; guidance on career options; and cultural activities and college scholarships.

Application Checklist

- ◇ Completed SSS application
- ◇ **Essay:** The essay should be two pages, double spaced, describing your personal background, academic and career goals.
- ◇ Be a continuous CSU, Chico student or
- ◇ Intent to apply and enroll (high school and transfer students)

After receiving the above information, we will make a determination about your admittance into SSS. We will contact you after we reach our decision. If you have any questions, please feel free to contact the SSS office at (530) 898-6831. Thank you.

Application Deadline: Friday, September 11, 2009



TRIO
A Federally Funded Program
U.S. Department of Education

Student Support Services Application



California State University, Chico
Chico, California 95929-0710
(530) 898-6831 Fax (530) 898-4567



Please fill in the following requested information to assist us in determining your eligibility for SSS.

Section I: Personal Information

Name: _____
Last First Middle

Local Address: _____
Street Apt. # City, State Zip

Permanent Address: _____
Street Apt. # City, State Zip

Phone: _____ - _____ - _____ **Cell Phone:** _____ - _____ - _____

CSU, Chico Student ID: _____ **SSN Number:** _____

Date of Birth: _____ **Gender:** [] Male [] Female
mm/dd/yy

E-mail address: _____

Ethnicity: _____ Native American/Alaskan Native _____ White
_____ Asian _____ Native Hawaiian/Pacific Islander
_____ Black or African-American _____ Other
_____ Hispanic or Latino

Emergency Contact _____ **Relationship** _____
Phone _____

Section II: Program Eligibility

A. Citizenship

Are you a U.S. citizen or Permanent Resident of the United States? [] Yes [] No
(Permanent Residents, give A# _____)

B. Academic Need

What is *your* highest ACT or SAT composite score? _____ What is *your* EPT score? _____ ELM _____?

C. Family Income

Please attach a copy of your family's most recent 1040 income tax form on which you were claimed as a dependent. (If you are a current CSU, Chico student you may give SSS permission to obtain a copy of the appropriate documentation by initialing here _____, in order to expedite consideration of your application.)

If your family was not required to file a federal tax form, please attach a note signed by your parent or guardian stating that no tax form was required.

- What was your **Family's Household Taxable Income** for the year 2008? _____
Line 6 on 1040EZ / Line 27 on 1040A / Line 43 on 1040)

***Household Taxable Income** is household income after deductions are taken.

Number of people in household _____ Do you live with your parents? Yes____ No____
 Marital Status _____ Do you have children? Yes____ No____

Are you or your family receiving [] TANF [] Food Stamps [] Medi-Cal [] SSDI [] SSI

All of the information provided under Income Status is true to the best of my knowledge.

Student Signature _____ Date _____

Parent Signature _____ Date _____

D. First Generation Status

Please circle the highest grade completed by your parents or other head of household:

Father: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+
 Mother: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+
 Other: _____ 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

If you circled 16 or higher, please indicate the year your parent(s)/other head of household received at least a Bachelor's degree:

Father: _____ Mother: _____ Other: _____

With whom do you live?

_____ Mother and Father _____ Father only
 _____ Mother only _____ Other Head of Household: _____

E. Documented Disability

Students who have disabilities, as defined by Section 504/ADA, may be eligible for participation in Student Support Services as a result of the educational needs stemming from those disabilities.

Do you have a documented disability? [] Yes [] No

Have you registered with CSU, Chico Disability Support Services? [] Yes [] No



Student Support Services Assessment



Name: _____ CSU, Chico Student ID: _____
Last First Middle

Academic Need

(Please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> I am currently taking Learning Support classes | <input type="checkbox"/> I have limited English proficiency |
| <input type="checkbox"/> I have been out of school for five or more years | <input type="checkbox"/> I find English challenging |
| <input type="checkbox"/> I am interested in graduate school information | <input type="checkbox"/> I find reading challenging |
| <input type="checkbox"/> I had low high school grades/GPA | <input type="checkbox"/> I find Science challenging |
| <input type="checkbox"/> I am considering dropping out from college | <input type="checkbox"/> I find math challenging |
| <input type="checkbox"/> I have low college grades/GPA | <input type="checkbox"/> I have problems with math |
| <input type="checkbox"/> I am having problems in a current class | <input type="checkbox"/> I received a GED |
| <input type="checkbox"/> I have failed a course(s) while in college | <input type="checkbox"/> I am undecided about my major |
| <input type="checkbox"/> I am undecided about my future career | <input type="checkbox"/> Lack of support from family/friends |
| <input type="checkbox"/> I am confused about my advising/classes needed | |

Other Needs/Concerns that I have about college:



Personal Need

(Check all of the following services that may interest and/or benefit you):

Academic Advising

- Working with a SSS Staff member, full-time
- Assistance with selecting a major
- Career/Interest Testing
- Assistance with selection of courses
- Developing a graduation plan (list of all courses needed to graduate, for each semester)

Academic Support/Instruction

- Help improve study skills
- Assistance with presentation skills
- Tutoring in Subject Areas
 - Writing (essays)
 - Reading
 - Math
 - Science

Financial Aid

- Assistance with the FAFSA
- Assistance applying for scholarships
- Information on TRIO Grant Aid
- Understanding college policy on Financial Aid

Computer Skills

- Improve overall computer skills
- Learn more about online tutoring
- Assistance with WebCT Vista
- Learn how to register for classes

Personal-Social Development

- Family Conflict
- Budgeting skills
- Cultural Enrichment
- Self-Concept Improvement
- Parenting/Day Care
- Exercise/Nutrition
- Sexual Concerns

- Problem-Solving
- Anger Management
- Stress Management
- Motivation
- Self Discipline
- Coping Skills
- Communication Skills

Signature: _____

Date: _____



STUDENT SUPPORT SERVICES

Admissions Contract



If accepted into Student Support Services, I will be eligible for the following benefits...

- SSS staff who services as my academic mentor, advisor, career counselor, and resource consultant
- Enrollment in the SSS Freshman Orientation (UNV 102) and SSS Learning Communities
- SSS Grant Aid (for first and second year students only)
- SSS Incentive Book and supplies voucher
- SSS student computer lab
- SSS loan-out program
- Mentoring from experienced upperclassmen – SSS staff, student staff, and SSS Honor Society

If accepted into Student Support Services, I agree to the following

- Attend the SSS New Student Orientation
- I will meet with a SSS staff member at least 4 times a semester
- As a freshman, I will four workshops a semester provided by SSS.
- As a freshmen, I will attend four Student Support Services Leadership Council Meetings
- As a freshmen, I will participate in two mentor activities
- As a second-year participant, I will meet with a SSS staff member at least 3 times a semester.
- As a second-year student, I will attend two workshops a semester provided by SSS.
- As a second-year student, I will be a mentor OR attend four SSS Leadership Council meetings and participate in three SSSLC activities
- As a continuing student (third-year plus), I will meet with a SSS staff member twice a semester.
- I will submit my FAFSA by the March 2 priority deadline every year.
- I will review my mid-term progress reports each semester and discuss my grades with an SSS staff member
- I will read/check my email weekly to keep updated and current with SSS activities.
- I will be honest and conscientious with SSS staff and use the services of SSS to help me be a successful college student.

Signature

Date



STUDENT SUPPORT SERVICES 2009-2010



Consent To Release (To be completed by all applicants)

I understand that Student Support Services needs access to my financial, personal and academic information in order to provide the best possible support for me at California State University, Chico. Therefore, I agree to release such information to the Student Support Services staff members as long as I am considered an active Student Support Services participant or a student at California State University, Chico. I further understand that all released material will remain confidential. Academic information and disability verification, however, will be shared with faculty, University departments, the Coordinator for Services to Students with Disabilities, and appropriate representatives of the U.S. Department of Education only as necessary.

I also agree to allow my name and/or picture to be printed in any SSS newsletter, publication or display in recognition of academic success, leadership, or graduation.

By my signature I certify that I am eighteen years old or older, that I have read and understood this Consent to Release and that I am capable of giving such consent and do so voluntarily.

Printed name: _____

SIGNATURE: _____ **DATE** _____

If under eighteen years of age, parental signature is required.

Parental Signature _____ Date _____



Release of Information (To be completed by students with disabilities)

I agree to allow my Student Support Services counselor to discuss issues related to my academic progress with _____ for the purpose of coordinating academic and personal support services as long as I am an active Student Support Services participant.

By my signature I certify that I am eighteen years old or older, that I have read and understood this Consent to Release and that I am capable of giving such consent and do so voluntarily.

SIGNATURE: _____ **DATE** _____