

SUNY POTSDAM

STUDENT SUPPORT SERVICES PROGRAM APPLICATION

Name _____ P# _____

Barrington address _____ Campus/Local Phone _____

Home Address _____ Home Phone _____

_____ Email address _____

Birthdate _____ Gender _____ Year in College: Fr. So. Jr. Sr.
(Circle one)

Ethnic Background: Are you Hispanic/Latino? Yes ___ No ___

Race: Black/African American _____ American Indian/Alaskan Native _____

Asian _____ White _____ Native Hawaiian/other Pacific Islander _____

Did you belong to one of the following TRIO Programs? (please check)

Talent Search _____ Upward Bound _____

Do you belong to (please check): _____ CSTEP _____ EOP _____ BRIDGES

I want to participate in Student Support Services for: (check all that applies)

- | | |
|---|--------------------------------|
| _____ Academic Advising/Counseling | _____ Study Skills |
| _____ Career Counseling | _____ Financial Aid Counseling |
| _____ Graduate School Mentoring | _____ Personal Counseling |
| _____ Computer Loan Program | _____ Academic Workshops |
| _____ Tutoring (you will need to complete a Tutor Request form) | |

Yes No

1. _____ _____ Are you a United States Citizen?
2. _____ _____ Do either of your parents have a 4-year college degree?
3. _____ _____ Did you apply for financial aid? If not, why not?

4. _____ _____ Do you have a documented disability?
Explain: _____
5. _____ _____ Are you registered with ACCESS-VR (formerly VESID)

I hereby give the Student Support Services Program my permission to:

- 1. Examine my financial aid information in order to determine my eligibility for the Student Support Services Program.**
- 2. Access my educational records and other relevant information in order to assess the services to be provided.**
- 3. Evaluate my academic progress.**

I certify that the above information is accurate and complete to the best of my knowledge.

Student Signature

Date