COMPLETE THE ENTIRE APPLICATION PACKET AND ATTACH SUPPORT MATERIALS. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

☐ COMPLETED APPLICATION

☐ UNOFFICIAL TRANSCRIPT

☐ CLASS SCHEDULE

☐ COPY OF FEDERAL TAX RETURN OR COPY OF STUDENT AID REPORT

☐ *IF APPLICABLE, PROOF OF DISABILITY

RETURN COMPLETED PACKET TO:
TRIO STUDENT SUPPORT SERVICES
STUDENT SERVICES BUILDING, ROOM 204
(405) 733-7379

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE SERVICES!
IF APPROVED THE SSS STAFF WILL CONTACT YOU FOR AN INTERVIEW
APPLICATION

PERSONAL INFORMATION:

STUDENT NAME: ______________________________________________________________

MAIDEN/OTHER NAMES USED: _________________________________________________

SS#: __________________________________                       Student ID #: __________________________________

BIRTHDATE: MONTH _____  DAY _____   YEAR _______

CONTACT INFORMATION:

ADDRESS:  ______________________________________________________

CITY/STATE/ZIP CODE: ___________________________________________

PERMANENT ADDRESS:  _____________________________________________________
(If different from above)

CITY/STATE/ZIP CODE: ___________________________________________

CELL PHONE:  ________________________ 

ALTERNATIVE PHONE: ________________________

E-MAIL ADDRESS: _____________________

DEMOGRAPHIC INFORMATION:

GENDER:   FEMALE ☐    MALE ☐

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RACIAL/ETHNIC GROUP?

AFRICAN AMERICAN ☐   CAUCASIAN ☐   HISPANIC ☐   ASIAN AMERICA ☐

ALASKAN NATIVE/PACIFIC ISLANDER ☐   AMERICAN INDIAN ☐   TRIBE: ________________

MARITAL STATUS:   SINGLE ☐    MARRIED ☐    DIVORCED ☐    OTHER ☐

NUMBER OF DEPENDENTS:___     AGES OF DEPENDENTS: ___________________________________________

ARE YOU A U. S. CITIZEN:   YES ☐    NO ☐

IF NOT:

DO YOU HAVE A RESIDENT ALIEN CARD?   YES ☐    NO ☐

IF YES, WHAT IS YOUR RESIDENT ALIEN CARD NUMBER?  ______________________________

ARE YOU A PERMANENT RESIDENT?   YES ☐    NO ☐

HOW LONG HAVE YOU LIVED IN THE US?  ______________________________

HAVE YOU PARTICIPATED IN ANY OF THE FOLLOWING PROGRAMS?

EDUCATIONAL TALENT SEARCH (ETS) ☐    EDUCATIONAL OPPORTUNITY CENTERS (EOC) ☐

UPWARD BOUND (UB) ☐    UPWARD BOUND M/S (UBM/S) ☐    VETERANS UPWARD BOUND (VUB) ☐
DISABILITY INFORMATION:
DO YOU HAVE A DISABILITY OR NEED? YES ☐ NO ☐

IF SO, PLEASE DESCRIBE:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

PARENT EDUCATION INFORMATION:
HIGHEST LEVEL OF EDUCATION COMPLETED BY MOTHER:
UNKNOWN ☐ LESS THAN HIGH SCHOOL ☐ HIGH SCHOOL DIPLOMA ☐
ASSOCIATES DEGREE ☐ BACHELOR DEGREE ☐ MASTER DEGREE ☐ DOCTORATE DEGREE ☐

HIGHEST LEVEL OF EDUCATION COMPLETED BY FATHER:
UNKNOWN ☐ LESS THAN HIGH SCHOOL ☐ HIGH SCHOOL DIPLOMA ☐
ASSOCIATES DEGREE ☐ BACHELOR DEGREE ☐ MASTER DEGREE ☐ DOCTORATE DEGREE ☐

IF YOU WERE NOT RAISED BY A BIOLOGICAL PARENT:
HIGHEST LEVEL OF EDUCATION COMPLETED BY YOUR GUARDIAN:
UNKNOWN ☐ LESS THAN HIGH SCHOOL ☐ HIGH SCHOOL DIPLOMA ☐
ASSOCIATES DEGREE ☐ BACHELOR DEGREE ☐ MASTER DEGREE ☐ DOCTORATE DEGREE ☐

FINANCIAL AID INFORMATION:
HAVE YOU APPLIED FOR FEDERAL FINANCIAL AID? YES ☐ NO ☐
ARE YOU RECEIVING FEDERAL FINANCIAL AID? YES ☐ NO ☐
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ☐ NO ☐

ACADEMIC INFORMATION:
DO YOU HAVE A HIGH SCHOOL DIPLOMA? YES ☐ NO ☐
IF YES, WHAT WAS YOUR GRADUATION YEAR? ________________

DO YOU HAVE A HIGH SCHOOL EQUIVALENT (GED)? YES ☐ NO ☐
IF YES, WHAT YEAR WAS IT AWARDED? ________________

DATE OF INITIAL ENROLLMENT AT ROSE STATE COLLEGE: ________________________________

CURRENT ACADEMIC STATUS: ______________________________________
(freshman, sophomore, junior, senior/indicate first or second semester)

CURRENT CUMULATIVE GPA: ______

OTHER COLLEGES ATTENDED: ______________________________________

DO YOU PLAN TO PURSUE A CERTIFICATE OR ASSOCIATES DEGREE? YES ☐ NO ☐
DO YOU PLAN TO PURSUE A BACHELORS DEGREE? YES ☐ NO ☐
WHERE? ___________________________
LIST 2 CONTACTS WHO WILL KNOW YOUR CURRENT ADDRESS IN 5 YEARS (PARENTS/GRANDPARENTS/ OTHER RELATIVES)

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I HEREBY AFFIRM THAT ALL FINANCIAL AID AND EDUCATIONAL INFORMATION LISTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSE STATEMENT(S) WILL MAKE ME INELIGIBLE FOR CONSIDERATION IN THE STUDENT SUPPORT SERVICES PROGRAM AND WILL LEAD TO MY TERMINATION FROM THE PROGRAM.

I UNDERSTAND THAT ONCE I AM ADMITTED INTO THE PROGRAM I WILL BE REQUIRED TO PARTICIPATE IN THE SERVICES PROVIDED.

STUDENT NAME (PLEASE PRINT): ____________________________

STUDENT SIGNATURE (PLEASE SIGN): ____________________________

DATE: ____________________________