

TRiO Student Support Services - Disabilities

5200 N. Barton Ave, Suite 1202, M/S ML125

Fresno, CA 93740

PH: 559-278-2811, Fax: 559-278-4214

Application

Step 1: Please answer these questions about yourself

CONFIDENTIALITY OF INFORMATION

Financial information and all other personal information you give to the TRiO-SSSD program is sent to the U.S. Department of Education and is protected by the Federal Education Right to Privacy Act. No one may see the information unless they work for Fresno State, Services for Students with Disabilities program, TRiO-SSSD, or if you specifically authorize them to see the information. The information is necessary to determine if you are eligible to participate in the program and helps us to measure your success. The U.S. Department of Education has access to this information to help make TRiO-SSSD a better program.

Legal Name (First, Middle, Last) _____

Preferred Name _____

Fresno State Student ID Number: _____ Birthdate: ____/____/____ (mm/dd/yy)

Fresno State Email Address _____ @mail.fresnostate.edu

Address _____

City _____ State _____ Zip Code _____ Gender: Male Female Other ID

Cell Phone: () _____ Home Phone: () _____ (Initial here for permission to text message) _____

Ethnic Background: (Enter the proper code here) _____

- | | | |
|--------------------------------------|--|-----------------------|
| 1. American Indian or Alaskan Native | 4. Hispanic or Latino | 7. More than one race |
| 2. Asian | 5. White (Non Hispanic) | 8. Other: _____ |
| 3. Black or African American | 6. Native Hawaiian or other Pacific Islander | |

Step 2: Academic Need/ Self Assessment

One of the criteria for admission into SSS is that participants demonstrate some type of academic need. We will consider your GPA, admissions and placement exam scores (SAT, ACT, ELM, EPT), as well as other factors. Please answer all of the following questions to assist us in determining your academic needs. Note that there is no right or wrong answer. Your honesty is important in providing you with the best possible services.

Current Cumulative GPA (or high school) _____ ACT / SAT or other placement exam scores: _____

1. Is it difficult for you to take notes in classes? ___Yes ___No
2. Do you have a hard time understanding what you read? ___Yes ___No
3. Is preparing for and/or studying for tests a challenge? ___Yes ___No
4. Is it difficult for you to remember / memorize information? ___Yes ___No
5. Do you feel that your writing skills could use improvement? ___Yes ___No
6. Is mathematics a difficult subject for you? ___Yes ___No
7. If you are a STEM Major have you experienced a difficult first year, science and math course?) ___ Yes ___ No ___ N.A
8. Could your computer skills be improved? ___Yes ___No
9. Do you feel confident in setting academic and personal goals? ___Yes ___No
10. Is it difficult for you to manage your time? ___Yes ___No
11. Do you feel anxiety when taking tests? ___Yes ___No
12. Do you frequently feel stressed when in a school environment? ___Yes ___No
13. Do you feel that your native spoken language may interfere with your ability to succeed at the university? ___Yes ___No
14. Are you currently or have you been on academic probation / disqualification? ___Yes ___No

Step 3: Eligibility and Verification Form

Disability Verification:

Having a disability, as defined under federal law, is the criteria that may make a student eligible to receive SSSD program services.

1. Do you believe you may be eligible for the SSSD Program by virtue of disability? ___Yes ___No
2. If so have you documented your disability with the Services for Students with Disabilities Office? ___Yes ___No
3. If yes, do we have your permission to contact the SSD to receive a copy of your accommodation letter? ___Yes ___No

First Generation Verification:

Highest educational level or grade your father and your mother completed: *(Based on natural or adoptive parent - Check one for each person)*

	Father	Mother
Elementary School (K-8)	<input type="checkbox"/>	<input type="checkbox"/>
High School	<input type="checkbox"/>	<input type="checkbox"/>
College (<i>less than four years</i>)	<input type="checkbox"/>	<input type="checkbox"/>
College (<i>4-year degree or higher</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>

Low Income Verification: Student Dependent / Independent Status

1. Were you born before January 1, 1992? *(At least 24 years of age)* ___Yes ___No
2. Are you married? *(Answer "Yes" if you are separated but not divorced?)* ___Yes ___No
3. Do you have children or other dependents (other than a spouse) who receive more than half of their support from you? ___Yes ___No
4. At any time since you turned 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court? ___Yes ___No
5. Has it been decided by a court of your state of legal residence that you are an emancipated minor or that you are in legal guardianship? At any time on or after July 2014, were you determined to be an unaccompanied youth who was homeless as determined by your high school or district homeless liaison or director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development? ___Yes ___No
6. Are you serving on active duty (for other than training purposes) in the U.S. Armed Forces? ___Yes ___No
7. Are you a U.S. Armed Forces veteran who was on active duty & released under conditions other than dishonorable? ___Yes ___No

If you checked "YES" to one or more of the boxes above, provide the following information for an **Independent Student in Section A.**

If you checked "No" to ALL of the boxes above, provide the following information for a **Dependent Student in Section B**

(taxable income can be found on the federal income tax return. On IRS Form 1040, see line 43. On IRS Form 1040A, see line 27. On IRS Form 1040EZ, see line 6.)

Section A. Independent Student:

Number of people in your household *(including yourself)*: _____

Your actual or estimated **Total Taxable Income** from most recently filed tax form is: *(check one of the boxes below)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Below \$17,654 | <input type="checkbox"/> \$30,135 - \$36,374 | <input type="checkbox"/> \$48,855 - \$55,094 |
| <input type="checkbox"/> \$17,655 - \$23,894 | <input type="checkbox"/> \$36,375 - \$42,614 | <input type="checkbox"/> \$55,095 - \$61,334 |
| <input type="checkbox"/> \$23,895 - \$30,134 | <input type="checkbox"/> \$42,615 - \$48,854 | <input type="checkbox"/> \$61,335 and above |

Student Signature: _____ Date _____

Section B. Dependent Student:

Number of people in your household *(including yourself)*: _____

Your parents actual or estimated **Total Taxable Income** from most recently filed tax form is: *(check one of the boxes below)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Below \$17,654 | <input type="checkbox"/> \$30,135 - \$36,374 | <input type="checkbox"/> \$48,855 - \$55,094 |
| <input type="checkbox"/> \$17,655 - \$23,894 | <input type="checkbox"/> \$36,375 - \$42,614 | <input type="checkbox"/> \$55,095 - \$61,334 |
| <input type="checkbox"/> \$23,895 - \$30,134 | <input type="checkbox"/> \$42,615 - \$48,854 | <input type="checkbox"/> \$61,335 and above |

Parent Signature: _____ Date _____

Citizenship Status:

- U.S. Citizen Permanent Resident Other _____

Student Support Services for students with Disabilities is a federally funded program which requires all eligible participants to be eligible for Federal Financial Aid (i.e., U.S. Citizens, legal permanent residents, etc.)

Current Grade level at Fresno State:

____ Freshman (0-44 credits) ____ Sophomore (45- 89 credits) ____ Junior (90-134 credits) ____ Senior (135+ credits)

Year in which you first began college or postsecondary coursework, either at Fresno State or in another institution: _____

Please check all that apply:

____ H.S. diploma ____ Out of school for more than 5 years ____ G.E.D ____ Transfer student from _____

Are you a former TRiO Student? ____ Yes ____ No (Upward Bound, Talent Search, Student Support Services, EOP)

If yes, which program and school? _____

Have you applied or been accepted to: ____SSS ____SSSV ____EOP ____CAMP ____Upward Bound ____McNair

Step 4: Attach your unofficial college transcripts if any (including Fresno State).

Follow these steps on how to print your Fresno State unofficial college transcripts. ***SSSD will retrieve high school transcripts for freshmen with minimal or no college credits.

1. Go to Fresno State main webpage <http://www.csufresno.edu/>
2. Click on 'Log in to My Fresno State'
3. Type your Fresno State Username and Password
4. Click on the 'Student Self Service' tab
5. Click on 'Student Center'
6. Click on My Academic Records & Registration
7. Click on View Unofficial Transcript, click on tab shown and a copy will appear
8. On your keyboard, click CTRL_SHIFT_P at the same time to print your transcripts

Step 5. Release of Information Waiver:

I, _____, authorize Student Support Services for students with Disabilities(SSSD) to gather information concerning my academic progress (standardized test scores, grade point average, earned credits, transcripts, etc.) and financial aid information prior to my participation and throughout my involvement in SSSD. I understand that this information is used to assist in the determination of my eligibility for SSSD and it will be strictly confidential. I am aware that my eligibility, participation, and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. **I certify that the information provided on this application is true and complete to the best of my knowledge.** I also agree to provide documentation upon request to verify the information reported and I authorize the SSSD Program to verify eligibility requirements with other departments on campus, such as the Financial Aid Office or Services for Students with Disabilities. I am aware that the personal information that is provided to the Student Support Services for students with Disabilities program will be protected under the Family Education Rights Privacy Act of 1974. No one will have access to the information unless they work with or for the SSSD Program, or are specifically authorized by me to see the information.

_____(Please initial) If accepted into the TRiO-SSSD program, our expectations of you as a SSSD student are:

1. To meet with a SSSD advisor before the 6th week of each term*.
2. To be competitive for SSSD funding, students may be required to meet twice a term with a SSSD advisor.
3. To compete academic skill reviews as needed and recommended by my assigned academic counselor
4. To be an active participant in SSSD sponsored workshops/events : **Goal – 3 minimum advising + academic support services per semester**
5. To read and respond accordingly to SSSD emails sent to your Fresno State email
6. To be invested in your education
7. To GRADUATE!!!!

I give my permission to access and release family and student information for the following reasons:

1. TRiO-SSSD must report student progress and eligibility information to the U.S. Department of Education to demonstrate program effectiveness when requesting renewed funding.
2. At the student's request to be a reference for employment, scholarship or internship opportunities.
3. Transfer college admission, graduate schools and financial aid offices will waive application fees for students from certain economic backgrounds and will discuss admission and financial aid opportunities with TRiO-SSSD staff only if we have permission to release student information.
4. Fresno State's Office of Financial Aid will provide us eligibility information and Financial Aid Award information with your permission.
5. Academic progress monitoring with faculty and instructional support staff for the purpose of the student's continued academic success and possible intervention by program staff.

By signing this application, I attest that all information on this application is true and **I understand the expectations of the SSSD program.**

*If you (the student) are less than 24 years old and answered NO to all the questions in Step 3 regarding dependent status, your parents or legal guardian must **also** read the following statement and then sign and date below **i***

Student's signature _____ Date ____/____/____

Signature of Student's Parent or Legal Guardian _____ Date ____/____/____