



STUDENT SUPPORT SERVICES

Program Application

Eastern Oklahoma State College • www.eosc.edu/trio

1301 West Main • Wilburton, OK 74578 • 918.465.1825

Johnston Hall 112 in Wilburton • Information Center in McAlester

The following information is requested to determine your eligibility for program services. Please answer each question. This information will be kept confidential and used only as outlined in the participant agreement.

PERSONAL INFORMATION

Name: _____
(first) (middle) (last)

Address: _____
(street or PO box) (city) (state) (zip)

Cell Phone: _____ May We Text You? (study tips, reminders, events, etc.): Yes No

Home Phone: _____ Email: _____

Social Security #: _____ Student ID #: _____

Date of Birth: _____ Gender: Male Female (optional)

RACE/ETHNICITY AND RESIDENCY INFORMATION

Which group best describes you? Please check all that apply.

American Indian or Alaskan Native White or Caucasian Asian Native Hawaiian African American

U.S. Citizen: Yes No Legal Permanent Resident?: Yes No Are you Hispanic?: Yes No

ADDITIONAL INFORMATION

Are you receiving federal financial aid? Yes No

Did either of your parents receive their bachelor's (four-year) degree? Mother: Yes No Father: Yes No

Do you have a documented learning disability? Yes No Do you have a documented physical disability? Yes No

If you answered yes to either question above, are you working with the EOSC disabilities counselor? Yes No

Are you a veteran? Yes No Are you receiving veteran's benefits? Yes No Are you a single parent? Yes No

Are you a prior TRiO participant? Yes No If yes, what year? _____

EDUCATIONAL HISTORY

What is your current grade level? First Year (never attended college before EOSC - Freshman)
 First Year (some college credit from another school - Freshman)
 Second Year (at least 32 credits - Sophomore)

Have you completed a placement test (ACT, ACCUPLACER, etc.)? Yes No

Current college enrollment status: Full-Time Part-Time How many credit hours are you taking this semester? _____

Did you graduate high school? Yes No Year _____ Did you finish a GED program? Yes No Year _____

What degree are you seeking at EOSC? Associate (2-year degree program) Certificate (less than 2 years)

Do you plan to transfer to a four-year college or university? Yes No Transfer Institution: _____

STUDENT SERVICES SUPPORT NEEDS

How can the TRiO Student Support Services Program best support your educational goals? Please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Career Development/Training |
| <input type="checkbox"/> Cultural Activities | <input type="checkbox"/> ESL Services | <input type="checkbox"/> Financial Aid Advising |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Personal Development/Support |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Transfer Advising | <input type="checkbox"/> Other: _____ |

INDIVIDUAL DEVELOPMENT PLAN FOR EDUCATIONAL GOALS

What is your major? _____

What are your educational goals? _____

Please write three objectives that you think will help you reach your educational goals.

Objective #1 _____

Objective #2 _____

Objective #3 _____

SIGNATURE

- I understand that if I am receiving financial aid, TRiO SSS staff will obtain my financial information. If I am not receiving financial aid, I will provide a copy of my most recent tax return.
- I understand that I will have access to the TRiO SSS program at no additional cost beyond my regular tuition and fees as an EOSC student.
- I understand that the TRiO SSS staff may confer with my instructors at any time concerning my progress and grades.
- I understand that the TRiO SSS staff are not licensed counselors and students with ongoing personal issues will be referred to professional counselors.
- I understand that I must participate in the TRiO SSS activities that my SSS advisor assigns to me based upon my needs assessment and by full filling this requirement, I will be eligible to apply for the SSS grant aid scholarship.

Affidavit of Truth Statement

The information provided on this form is, to the best of my knowledge, accurate and true.

Student's Signature: _____ Date: _____

Educational Planner's Signature: _____ Date: _____

TRiO STAFF USE ONLY

Program Eligibility:

- | | | | | |
|---|--|--|--------------------------------------|---|
| <input type="checkbox"/> ACT Scores | <input type="checkbox"/> Weak Placement Tests | <input type="checkbox"/> Developmental Classes | <input type="checkbox"/> College GPA | <input type="checkbox"/> Diagnostic Tests |
| <input type="checkbox"/> Failing Grades | <input type="checkbox"/> Academic Accommodations | <input type="checkbox"/> Out of the Academic Pipeline 5+ years | | |

Status:

Beginning Semester: _____ Current Semester: _____

Hours Completed: _____ Students Status: _____

Eligibility: _____ Project Entry Date: _____