Application Packet

Name ___________________________________________  Student ID# ____________________
The Student Support Services (SSS) at Kentucky State University is proud to be able to provide academic and personal support services for the students here at the University. Numerous students have participated in the SSSP since its inception over 30 years ago and have become very productive citizens, teachers, administrators, attorneys, government officials, and successful business people.

The SSS is a TRIO program funded under Title IV of the Higher Education Act of 1965. TRIO programs are devoted to helping students meet their educational goals through special programs and services. These programs target high-risk students: students whose parents have never completed a four-year college program (referred to as first-generation) and students who have economically challenging backgrounds. These programs are funded by the U.S. Department of Education through grants provided to institutions or agencies having the facilities and expenses to deliver prescribed services.

The SSS at Kentucky State University has been designed to provide optimum benefits for its participants. The purpose of the program is to increase the retention and graduation rates of disadvantaged students enrolled at the University. The program will identify, select, and serve one hundred forty (140) low-income, first-generation, and disabled college students who are enrolled or accepted for enrollment at Kentucky State University. SSS will provide participants with the support necessary to persist successfully in a program of study leading itself to a postsecondary degree.

SSS personnel collaborates with relative faculty as well as various academic and student services departments throughout the University to create an academic climate that promotes student success and retention and a program of study leading to a postsecondary degree. SSS staff provides students who are accepted into the program with supportive services that include counseling, tutoring, career development, workshops, seminars, and financial aid assistance.

SSS provides an opportunity to achieve success to those who are selected for participation and who are willing to dedicate themselves to hard work and commitment to their educational goals. We hope that you will consider joining our family and maintaining a commitment to your educational excellence. The SSS staff looks forward to serving you as you pursue your goals and dreams.

Sincerely,

Mr. John Burrell, MPA
Director
Student Support Services Program
Kentucky State University
Student Support Services (SSS) is a federally-funded program designed to help you stay in school and graduate with a bachelor’s degree. To be eligible for the program you must:

• Be a U.S. citizen, permanent resident, or show documentation of intent to become resident
• Have need for academic assistance

And meet one or more of the eligibility guidelines:

• You are a low-income student as defined by federal guidelines (most students receiving financial aid qualify)
• Neither of your parents have a four-year degree
• You have a documented physical disability or learning disability

FREE SERVICES FOR SSS PARTICIPANTS

• Tutoring for classes
• Grant Aid (additional qualifications)
• Computer and printer access
• Personal and career counseling
• Study Skills/College survival workshops
• Academic advising
• Workshop to enhance academic success
• Participate in cultural and social activities

** Participation required **

USE THIS CHECKLIST TO COMPLETE YOUR APPLICATION

Submit:  
☐ Completed Student Support Application Packet
☐ Financial Information - (submit one of the following)
  o Copy of your parents’ federal tax return (if they claimed you as a dependent)
  o Copy of your federal tax return (if your parents did not claim you)
  o Financial aid award letter for the current year.
☐ Letter from the Offices of Disability Resource Services, if applicable.
☐ Class Schedule each semester
☐ Academic Information (submit one of the following)
  o Copy of SAT or ACT scores for incoming students (unofficial transcript)
☐ Proof of Insurance for travel purposes
PLEASE NOTE: Make sure that both the student and parent/guardian (if applicable) sign the application as directed. Because there are only a limited number of students admitted to the program, a complete application is mandatory.

After your application is reviewed, you will be called to meet with an advisor for an interview. Acceptance into Student Support Services is not guaranteed.

You will be asked to complete a Learning and Study Strategies Inventory for advisement purposes upon entrance in the program.
Kentucky State University
Student Support Services Program
Intake Application

Were you in the SSS Program previously? Yes ____ No____

NAME _______________________________ (Maiden) __________

CAMPUS ADDRESS

Street
City
State
Zip Code

HOME PHONE ________________ CELL PHONE _______________________

WORK PHONE ___________________ EMAIL ADDRESS ___________________

PERMANENT ADDRESS / ADDRESS OF SOMEONE WHO CAN ALWAYS CONTACT YOU

Street
City
State
Zip Code

PERMANENT PHONE __________________________ DATE OF BIRTH __________

ETHNIC IDENTIFICATION:
☐ Caucasian  ☐ Black  ☐ Hispanic  ☐ Native American  ☐ Asian Pacific Islander  ☐ Other __________

GENDER IDENTIFICATION:  ☐ Male  ☐ Female

ARE YOU CURRENTLY EMPLOYED?  YES ___  NO ____
Where? ____________________________________________  Hrs/wk _______

ENTRANCE DATE AT KENTUCKY STATE UNIVERSITY
________________________

CURRENT ENROLLMENT STATUS:  ☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior

HOW MANY CREDIT HOURS ARE YOU CURRENTLY TAKING? _________________

TRANSFERRED FROM ANOTHER UNIVERSITY?  YES ____  NO ____
Name of college/university_________________________________________

PLANS FOR DEGREE:  ☐ 2-Yr Degree  ☐ 4-Yr Degree  ☐ Graduate School

PROJECTED GRADUATION DATE _____________________________

Major ____________________ Minor ____________________ Career Goals ____________

IS ENGLISH YOUR FIRST LANGUAGE? YES ____ NO ____
Name ____________________________ Student ID# ______________

If no, what is your first language? __________________________________________________________

CITIZENSHIP:  □ U.S.  □ Other  □ Permanent Resident  □ Green Card No. ______________

_________________________________________  __________________________
Student Signature                        Date
Kentucky State University
Student Support Services Program
Eligibility Form

To be considered for the Student Support Services Program, you must qualify in one or more of the following categories:

FIRST GENERATION COLLEGE STUDENT:

I attest to the fact that I am a first generation college student. Include your parent’s names and the highest grade they completed.

Mother’s Name ___________________________ Highest Grade Completed _____
Father’s Name ___________________________ Highest Grade Completed _____
Student Signature _________________________

INCOME LEVEL:

☐ Are you on federal financial aid? Yes ____ No _____
   If yes, please attach a copy of your financial aid award letter.

☐ Are you receiving another grant or scholarship?
   If yes, what kind? __________________________________________

☐ List other methods of financing your education ______________________
____________

☐ List number of persons in household ________________________________

DISABILITY:

☐ Are you registered with the Disability Resource Services Office on KSU’s campus?
   No ____ Yes _____
   If yes, please attach a letter confirming your registration with them.

TAX FILING STATUS

1. Did you file a federal tax return?
   ☐ No
   ☐ Yes
   If yes, please attach a copy of your federal tax form for the current year.

   Number of dependents claimed on taxes: ______________________________

2. Did anyone claim you as their dependent for the previous tax year? (Parents, spouse, legal guardian)
   ☐ No
Name _____________________________ Student ID# _____________

☐ Yes
If yes, please attach a copy of their federal tax form for the current year.
Number of dependents claimed on taxes: ____________________________

Complete questions 3 only if you DID NOT and WILL NOT file a tax return for the previous calendar year.

3. I was not required to file a federal tax return in _____ because of low income or no income for that year, and no one else claimed me as a dependent on their taxes for the previous calendar year.

The information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the Student Support Services Program.

________________________________________   ___________
Student Signature                     Date

OFFICE USE ONLY

ELIGIBILITY

☐ US CITIZEN   ☐ PERMANENT RESIDENT   ☐ OTHER _________________
☐ LOW INCOME – verified by   ☐ Financial Aid Award
☐ Income Tax Return attached   ☐ Non-filer
☐ FIRST GENERATION
☐ PHYSICALLY OR LEARNING DISABLED
☐ ACADEMIC NEED   ☐ SOURCE(S) OF OTHER FINANCIAL ASSISTANCE

_________________________   _______________________
STUDENT ACCEPTED _______________   STUDENT DENIED _______________

Qualification: 1) __________ 2) __________

COMMENTS:

________________________________________________
Advisor Signature ___________________________ Date ______________
Kentucky State University
Student Support Services Program
Information Release Authorization

I authorize Kentucky State University or other schools I attended/am attending to release official transcripts, test scores, financial aid award information and other records to Kentucky State University (KSU) Student Support Services Program for educational planning purposes. I also authorize Kentucky State University Student Support Services Program to release these records to other institutions as they relate to my education planning.

I understand that these records will only be used internally by the project on an individual basis. I also understand that compiled records on a group basis may include any and all of these records. I understand that compiled information will be used to meet federal regulations relative to program evaluations. Further, I understand that none of my records will be released to any person, corporation, or present or future employer.

Parent or Legal Guardian
(If Participant is under 18 years old)

Printed Student Name

Student Signature

CONFIDENTIALITY OF INFORMATION

The personal information that is provided to the Student Support Services Program will be protected under the Family Educational Rights and Privacy Act of 1974. No one will have access to the information unless he or she works with or for the Student Support Services or is specifically authorized by the student in question to see the information. The information is necessary to help determine the success of participants in post-secondary education as authorized by the U.S. Department of Education.

(20 United States code 1231a)
WHICH OF THESE SERVICES ARE OF INTEREST TO YOU? 
CHECK ALL THAT APPLY.
- Selecting a major
- General education advisement
- Exploring your job interests and aptitudes
- Applying for financial aid and supplemental grants
- Applying for scholarships
- Personal counseling
- Graduate school advisement
- Learning-style assessment
- GRE/GMAT preparation workshop
- Participation in cultural activities
- Study skills assistance
- Speed reading workshop
- Math competency workshop
- Writing seminar
- Science seminar
- Word processing seminar
- Computer-aided tutoring
- Tutoring
- Borrowing a textbook

For which courses do you need tutoring? ____________________________

WHAT ARE YOUR FUTURE COLLEGE PLANS? PLEASE CHECK ALL THAT APPLY.
- I am accepted and enrolled at Kentucky State University (KSU).
- I am accepted at KSU but not currently enrolled.
- I will return to KSU next semester and graduate from KSU in the future.
- I will return to KSU next semester, but will transfer to another school to graduate.
- I will transfer to another school next semester.
- I will not attend school next semester, but will enroll at KSU again within a year.
- I will not attend school in the near future.
- Undecided.

WHAT TYPES OF CAREERS ARE YOU INTERESTED IN?
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________
Kentucky State University  
Student Support Services Program  
Student Commitment Contract

The SSS will provide or, at least, make the following services available to all SSS Scholars:
1. Academic Advisement  
2. Personal Counseling  
3. Tutorial Assistance  
4. Career Counseling  
5. Cultural Enrichment Activities

As an SSS Scholar, I understand and agree to the following conditions in order to remain eligible for services provided by the SSS:

1. I will maintain at least 12 credit hours with a minimum grade point average of 2.5. If for any reason I drop below a 12 credit hours I will inform the SSSP office prior to doing so.

2. I will meet with the SSS counselor as scheduled each semester. These sessions will be conducted to ensure completion of my educational objectives.

3. I will inform the SSS office before I withdraw from any class or withdraw from the University.

4. I also will notify the SSS office of any changes to my name, address, phone, or any pertinent data relative to my demographic or contact information.

5. I will seek tutoring immediately upon experiencing difficulty in any enrolled class.

6. I will participate in at least two (2) SSS sponsored workshop or activity each semester.

7. I will submit my Student Record Sheet (SRS), completed and signed, at the end of each semester.

8. I will meet with my counselor each semester to ascertain I am registered for classes and my financial aid has been properly submitted.

9. I understand that I must attend tutoring sessions if my grade point average is less than 2.5 or if I receive a letter grade of “C” or less on any graded assignment. If I receive tutoring assistance outside of SSS, I will notify them to receive SSS credit.

Failure to comply with the requirements above may result in my disqualification from participating in or receiving assistance from any SSS sponsored activities, workshops, or services.

__________________________  __________________________
Print Name  Social Security Number

__________________________
Student Signature  Date

__________________________
SSS Advisor  Date

Rev. 10/2011
Kentucky State University

Student Support Services Program
Waiver and Release of Liability

1. In consideration for receiving permission to participate in Student Support Services activities (herein referred to as “Activity” or “Activities”), a department of Kentucky State University, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes Kentucky State University, its Board of Regents, officers, servants, agents, volunteers, or employees (herein referred to as “KSU”) from any and all liabilities, claims, demands, or injury, including death, that may be sustained by me while participating in such activity, or while on the premises owned or leased by KSU, including injuries sustained as a result of the negligence of KSU. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

2. I am fully aware that there are inherent risks involved with travel and with this activity and I choose to voluntarily participate in the activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me as a result of participating in said activity, including injuries sustained as a result of the negligence of KSU. I further agree to indemnify and hold harmless KSU for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my participation in said activity.

3. I understand that KSU may not maintain an insurance policy to cover every circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. With my signature I certify that I have insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Student Support Services Program, and hereby release the University, and its employees, faculty members, students, volunteers and agents from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.

4. I understand that, although the University will attempt to maintain the Student Support Services Program as it has been described to me, it reserves the right to change the Student Support Services Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the University, or its employees and agents, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

5. I understand that the University reserves the right to decline to retain me in the Student Support Services Program at any time should my actions or general behavior, in the sole discretion of the University, be determined to impede or obstruct the progress of the Student Support Services Program in any way.

6. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Student Support Services Program that there are unavoidable risks in travel, and I hereby release and promise not to sue the University, or its employees and agents, for any damages or injury (including death) caused by, deriving from, or associated with my
participation in the Student Support Services Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of the University.

7. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the Student Support Services Program, supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence. I further agree that, should there be any dispute concerning my participation the Student Support Services Program that would require the adjudication of a court of law, such adjudication will occur in the courts of Franklin County, and be determined by the laws of the Commonwealth of Kentucky.

8. I represent that I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own.

9. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Kentucky.

In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

_____________________________  _______________________
Student Name                   Date

_____________________________  _______________________
Parent or Legal Guardian       Date
(If Participant is under 18 years old)

_____________________________  _______________________
SSS Advisor                    Date
Kentucky State University
Student Support Services Program
Emergency Contact Form

By completing and signing this form, your signature authorizes us to obtain medical services should the need arise for such attention for you. In the event of a major medical problem, we will notify the appropriate people and follow your instructions. If we cannot reach your emergency contacts, the attending physician will be guided by his/her medical judgment. Please fill out completely.

Student Name: ____________________________
Last   First   Middle
Permanent Address: ____________________________
Street   City/State   Zip Code
Telephone Number: ____________________ Date of Birth: _____ / _____ / _____

Do you have any severe medical problems or disabilities (including asthma, heart problems, epilepsy, diabetes, etc.)? _____ Yes _____ No
If so, please explain: ____________________________
______________________________

Do you have any allergies (including foods, medication, etc.)? _____ Yes _____ No
If so, please explain: ____________________________
______________________________

Have you had a serious injury in the last three years? _____ Yes _____ No
If so, please explain: ____________________________
______________________________

Do you have any limits on your physical activity? _____ Yes _____ No
If so, please explain: ____________________________
______________________________

Can you swim? _____ Yes _____ No
Name _____________________________________________ Student ID# ____________________

Are you under a doctor’s care at this time? _____ Yes _____ No

If so, please explain the condition requiring care and the treatment being used at this time: ____________________________

____________________________________________________________________________________________________________

Do you have a personal physician? _____ Yes _____ No

Physician’s Name: _________________________________________________
Physician’s Address: _______________________________________________
Physician’s Phone: ________________________________________________

Are you covered by any Medical Insurance? _____ Yes _____ No

If so, who is the provider: ________________________________________ Policy Number: __________________________

**EMERGENCY CONTACTS**

Parent/Guardian Name: ____________________________________________

Home Phone: (____) ______________ Work Phone: (____) ______________
Mobile Phone: (_________) ______________ Pager: (____) ______________

*In case of emergency, whom may we contact if Parent/Guardian cannot be reached?*

1st Contact Name: __________________________ Relationship: ______________________
Address: ____________________________________________________________
Phone #1: (____) __________ Phone #2: (____) __________ Phone #3: (____) __________

2nd Contact Name: __________________________ Relationship: ______________________
Address: ____________________________________________________________
Phone #1: (____) __________ Phone #2: (____) __________ Phone #3: (____) __________

_________________________________________               ________________
Student Signature                                      Date