



Student Support Services (SSS) Project FOCUS

(Facilitating Opportunity and Climate for Underrepresented Students)

Participant Application

I. General Information

Name _____ SSN: _____
(Last/First/Middle)

UTC/Commuting Address _____ Phone _____

Home Address _____ Phone _____
(No./Street/City/State/Zip)

Email Address _____

Citizen of U. S.A. Yes No If no, explain _____

Classification ____/____/____/____/____ Major _____
(Fr) (So) (Jr) (Sr) Other

II. Equal Opportunity Admission

Student Support Services is committed to serving all persons seeking academic support, and we encourage applications from students of diverse backgrounds. No distinction is made upon the basis of race, color, disability, religion, age, gender, or marital status. The following information is only useful to us for statistical research.

- Native American Hispanic Other (specify) _____
- African American White
- Asian Multi racial

Female Date of Birth: Month _____ Day _____ Year _____
 Male

Please indicate any physical or learning disability you feel that the program should be informed of in order to provide you with the necessary support services. Documentation of your disability may be required.

(Over)

III. Eligibility Information

1. Parents' annual taxable income \$ _____ Your annual taxable income \$ _____
Number of family members at home (including you) _____.
2. Have you lived with your parents in the last year? ___ Yes ___ No
3. Has either parent/guardian graduated from a 4-year college? ___ Yes ___ No

IV. Educational Background

Initial enrollment at UTC (semester & year) _____

Previous participation in other federal TRIO programs:

- Student Support Services Talent Search Upward Bound EOC Other

Referred to Student Support Services by _____

V. Needs Assessment

What obstacle(s) would most likely prevent you from graduating from UTC?

- | | | |
|---|---|--|
| <input type="checkbox"/> Poor study habits | <input type="checkbox"/> Bad grades | <input type="checkbox"/> Family medical problems |
| <input type="checkbox"/> Lack of money | <input type="checkbox"/> Take things too seriously | <input type="checkbox"/> Separation or divorce |
| <input type="checkbox"/> Taking the wrong class | <input type="checkbox"/> Problems at home | <input type="checkbox"/> No close friends at UTC |
| <input type="checkbox"/> Always feeling tired | <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Health concerns |
| <input type="checkbox"/> Always worrying | <input type="checkbox"/> Afraid to speak up in class | <input type="checkbox"/> Too shy |
| <input type="checkbox"/> Alcohol and/or drug problems | <input type="checkbox"/> Feeling depress or sad | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Dealing with bill collectors | <input type="checkbox"/> No support from family | <input type="checkbox"/> Poor test taking skills |
| <input type="checkbox"/> Limited leadership experiences | <input type="checkbox"/> Poor research and library skills | |

Please check all areas in which you need assistance, instruction, or information.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Career Guidance | <input type="checkbox"/> Advising | <input type="checkbox"/> Cultural Enrichment |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Computer Loan | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Graduate School | <input type="checkbox"/> Accommodations | <input type="checkbox"/> Textbook Loan |
| <input type="checkbox"/> PT Employment | <input type="checkbox"/> Job Search Skills | <input type="checkbox"/> Money Management | <input type="checkbox"/> Technology Usage |
| <input type="checkbox"/> Other _____ | | | |

VI. Comments

Additional information you wish to share that may help us help you: _____

Signature _____ Date _____

Return to: Student Support Services
Siskin Trailer A, Dept 4955
615 McCallie Ave.
Chattanooga, TN 37403-2598