



APPLICATION

TRIO-Student Support Services

Haskell Indian Nations University
155 Indian Ave, Lawrence, KS 66046

Phone: (785)830-2727 Email: mspoonhunter@haskell.edu



All information provided will remain confidential and used only for: a.) Eligibility determination, b.) Student demographics, c.) record keeping, d.) needs assessment, e.) federal reporting, f.) other administrative purposes

Date: _____ Current Semester: _____ Year: 20_____

Student Status: _____New Freshmen _____Re-Admitted _____Transfer _____Continuing

PERSONAL INFORMATION:

Name: _____ (maiden) _____ DOB: _____ Age: _____

Gender: _____ SS# _____ Tribal Affiliation: _____ U.S. Citizen: **Yes No**

Permanent Address: _____
*Home address (city) (state) (zip)

Off-Campus Address: _____ Marital Status: **Single/Married**
(city) (state) (zip)

Phone Number: (_____) _____ Email Address: _____

On-Campus Information: Dorm _____ Rm. # _____ Haskell Box # _____

Participation in other TRiO programs: (check all that apply & give approximate date)

___Talent Search ___Upward Bound ___SSS ___McNair Scholars

When: _____

EDUCATION:

Degrees & Diplomas Held: (Check all that apply)

GED HS Diploma-Yr. _____ Associate's Degree BA, BFA, BS, BGS Master's or Doctorate
Other: _____

Haskell Classification: Freshman Sophomore Junior Senior GPA: _____

Major: _____ Have you applied for acceptance into this Haskell program? **Y N**

ELIGIBILITY:

Income Status:

Are you receiving financial aid (i.e. PELL, etc) through the Haskell Financial Aid Office?

___ **YES**

___ **NO** If no, why not? ___ Financial Reasons ___ Academic Reasons ___ did not apply for FAFSA

___ **UNSURE** If unsure, why? ___ Waiting for FAFSA results ___ Need Assistance finding out

What is your Family Income per year? \$ _____ Family Size _____

First-Generation College Status:

Has your mother completed a bachelor's degree or beyond? **Y N Unknown**

Has your father completed a bachelor's degree or beyond? **Y N Unknown**

Or has your guardian completed a bachelor's degree or beyond? **Y N Unknown**

Were you living with your mother prior to your 18th birthday? **Y N**

Were you living with your father prior to your 18th birthday? **Y N**

Were you living with your guardian prior to your 18th birthday? **Y N**

ELIGIBILITY Continued:

Disability Status:

Do you have a disability? **Y** **N**

If so, is documentation regarding your disability filed with the university? **Y** **N**

*The disability coordinator is located in Tommaney Hall, room 132 (computer lab).

ACADEMIC NEED: (Choose **one** that best describes **WHY** you seek our academic services)

- | | | | |
|--------------------------|-------|---|-------|
| 1.) Low H.S. grades | _____ | 7.) Out of the academic pipeline for 5+ years | _____ |
| 2.) Low Admission scores | _____ | 8.) Limited English proficiency | _____ |
| 3.) Predictive Indicator | _____ | 9.) Lack of educational/Career goals | _____ |
| 4.) Diagnostic tests | _____ | 10.) Lack of preparedness | _____ |
| 5.) Low college grades | _____ | 11.) Need to raise grades | _____ |
| 6.) H.S. equivalency | _____ | 12.) Other: _____ | _____ |

Verification of Accuracy: To the best of my knowledge, the above information is true and accurate. **Initials**_____

Statement of Agreement & Consent: I authorize Haskell Student Support Services to gather my ACT scores, financial aid reports, transcripts, and other necessary information, which will provide me with the services that I have requested. I understand that the collected data, plus information I provide on this form, will be used to make reports to the US Department of Education for the re-funding of this program. I also authorize SSS to obtain periodic reports from my instructors regarding my academic progress for courses in which I am enrolled. I understand that all information will be kept confidential and will be used for the purposes specified. My failure to adhere to the SSS policies is possible dismissal from the SSS program.

Student Signature: _____ Date: _____

OFFICE USE ONLY: (please check)

___ **LI** ___ **FG** ___ **LI/FG** ___ **Eligibility Not Met**

STATUS:

___ **Accepted**
___ **Pending (need more info.)**
___ **Wait List**

SSS Signature: _____ Date: _____