



# 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** or **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** or **N**

### ELIGIBILITY:

Income Status:

1.) 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:

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

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

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

5.) Were you living with your mother prior to your 18<sup>th</sup> birthday? **Y** or **N**

6.) Were you living with your father prior to your 18<sup>th</sup> birthday? **Y** or **N**

7.) Were you living with your guardian prior to your 18<sup>th</sup> birthday? **Y** or **N**

**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: \_\_\_\_\_