



\_\_\_\_\_ Educational Talent Search    \_\_\_\_\_ Upward Bound  
\_\_\_\_\_ Student Support Services    \_\_\_\_\_ EOC  
At what school? \_\_\_\_\_

**Who referred you to Student Support Services?** \_\_\_\_\_

**ELIGIBILITY CRITERIA**

The following information is used to determine eligibility for SSS.  
Failure to complete the following information may significantly delay review of your application.

**ALL SECTIONS MUST BE COMPLETED AND SIGNED.**

**1. Income Status**

- What was your **Family’s Household Taxable Income** for the year 2008? \_\_\_\_\_  
Line 6 on 1040EZ / Line 27 on 1040A / Line 43 on 1040)  
\***Household Taxable Income** is household income after deductions are taken.

Number of people in household \_\_\_\_\_ Do you live with your parents? Yes \_\_\_ No \_\_\_  
 Marital Status \_\_\_\_\_ Do you have children? Yes \_\_\_ No \_\_\_

All of the information provided under Income Status is true to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**2. First Generation Status**

- Do either of the parents/guardians who raised you have a Bachelor’s Degree? Yes \_\_\_ No \_\_\_

All of the information provided under First Generation Status is true to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. Disability Status**

- Do you have a federally recognized disability? Yes\* \_\_\_ No \_\_\_  
Explain \_\_\_\_\_

\*Your Disability must be verified with the NKU Office of Disability Services 859-572-6373  
<http://www.nku.edu/~disability/>

- Have you registered with NKU Office of Disability Services? Yes \_\_\_ No \_\_\_

All of the information provided under Disability Status is true to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in Student Support Services.

Student Support Services is funded by the U.S. Department of Education, Department of TRiO Programs. Acceptance into the program is contingent upon meeting eligibility criteria and space availability.



## **STUDENT SUPPORT SERVICES**

# **Individual Needs Assessment**

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Student Name \_\_\_\_\_

Date \_\_\_\_\_

### **Check all that apply to you:**

#### **Academics**

- Unsure high school prepared me for college
- Achieved a GED
- Concerned about my math or writing skills
- Unaware of my learning style
- Inexperienced with study strategies that work for me
- Not permitted to declare a major due to SAT/ACT scores
- It's been more than 5 years since I have been in school

#### **Major/Career**

- Uncertain about my future career
- Don't know which majors would be a good fit for me
- Have a lot of interests but can't seem to pick one major
- Inexperienced in selecting a major or career
- Decided about a major but not sure I have the preparation to succeed in it

#### **Personal**

- Plan to work over 20 hours a week and go to school full time
- Significant family responsibilities (children, siblings, parents)
- Significant financial responsibilities outside of school costs
- Entering college as non-traditional age student
- Undecided about whether college is for me
- English is a secondary language for me





## ***STUDENT SUPPORT SERVICES*** **Admissions Contract**

### **If accepted into Student Support Services, I will be eligible for the following benefits...**

- Support Specialist who services as my academic mentor, advisor, career counselor, and resource consultant
- Super Priority Registration which allows me to register early for classes
- Enrollment in the SSS Freshman Orientation (UNV 101) and SSS Learning Communities
- Enrollment in the SSS developmental math courses (as needed)
- SSS student lounge and computer lab
- Mentoring from experienced upperclassmen - Student Retention Assistant, SSS Teaching Assistants, and SSS Ambassadors

### **If accepted into Student Support Services, I agree to the following**

- Attend the SSS New Student Orientation
- I will meet with my Support Specialist at least 4 times a semester
- As a freshman, I will enroll in an SSS Learning Community or SSS UNV 101 course
- If I need developmental math, I will enroll in SSS MAH 095 or MAH 099
- If I am undecided about a major, I will enroll in CPE 101 for spring semester
- I will attend 1 WILD session each semester to improve my academic, personal, or career skills.
- I will submit my FAFSA by the March 1 priority deadline and apply for SSS Grant Aid
- I will review my mid-term progress reports each semester and discuss my grades with my Support Specialist
- I will read my weekly E-Support Newsletter to stay abreast of program activities, resources and deadlines.
- I will be honest and conscientious with my Support Specialist and use the services of SSS to help me be a successful college student.

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Signature

Date

**Student Support Services  
2009-2010**

**Consent To Release  
(To be completed by all applicants)**

I understand that Student Support Services needs access to my financial, personal and academic information in order to provide the best possible support for me at Northern Kentucky University. Therefore, I agree to release such information to the Student Support Services staff members as long as I am considered an active Student Support Services participant or a student at Northern Kentucky University. I further understand that all released material will remain confidential. Academic information and disability verification, however, will be shared with faculty, University departments, the Coordinator for Services to Students with Disabilities, and appropriate representatives of the U.S. Department of Education only as necessary.

I also agree to allow my name and/or picture to be printed in any SSS newsletter, publication or display in recognition of academic success, leadership, or graduation.

By my signature I certify that I am eighteen years old or older, that I have read and understood this Consent to Release and that I am capable of giving such consent and do so voluntarily.

**Printed name:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

If under eighteen years of age, parental signature is required.

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_

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Release of Information  
(To be completed by students with disabilities)

I agree to allow my Student Support Services counselor to discuss issues related to my academic progress with \_\_\_\_\_ for the purpose of coordinating academic and personal support services as long as I am an active Student Support Services participant.

By my signature I certify that I am eighteen years old or older, that I have read and understood this Consent to Release and that I am capable of giving such consent and do so voluntarily.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

