



AVILA UNIVERSITY Student Support Services Application Form

For Office Use Only
Eligibility Status:

TO QUALIFY YOU MUST BE:

A first-generation college student (see explanation in Section II. Eligibility Information) AND/OR meet federal income guidelines AND BE a United States citizen or permanent resident

Statement of Confidentiality: The information contained in this application is for the purpose of determining the applicant's eligibility for the Student Support Services Program. Information received is confidential.

I. APPLICANT INFORMATION

Name: _____
Mr./Ms. First MI Last

Permanent/Home Address: _____
Street and number or P.O. Box

City State Zip Code

Home Phone # _____ Cell Phone # _____

Start Date at Avila (Month, Year of first enrollment): _____

Campus Email _____ Personal Email _____

Date of Birth: _____ mo/day/yr Athlete: Yes No Sex: Male Female

Social Security # _____ Student ID # _____

Citizenship Status: US Citizen Permanent Resident International Student Other

Marital Status: Single Married Divorced Separated Widowed

Ethnicity: Are you Hispanic/Latinx? Yes No

Race: African American Asian American Multiracial (Please specify) _____
 Native American/Alaskan Native White

Have you participated in any of these programs: HEOP EOP CSTEP Talent Search
 Upward Bound Student Support Services McNair Location: _____

Are you a transfer student: Yes No Name of previous school(s): _____

Number of credits you are transferring in (through dual credit/AP/IB or transfer) _____

Total number of credits completed _____ I live (or plan to live) on campus: Yes No

Do you intend to earn a bachelor's degree from Avila: Yes No

II. ELIGIBILITY INFORMATION

Parent/Guardian 1: Father Mother Guardian

Highest level of education completed by this parent/guardian: Less than high school Some high school
 High school diploma/GED Some college or Associate's Degree Bachelor's degree or higher

I regularly resided with and received support before my 18th birthday from this parent/guardian: Yes No

Parent/Guardian 2: Father Mother Guardian

Highest level of education completed by this parent/guardian: Less than high school Some high school
 High school diploma/GED Some college or Associate's Degree Bachelor's degree or higher

I regularly resided with and received support before my 18th birthday from this parent/guardian: Yes No

Are you a first-generation college student? Yes No

(First-generation college student: neither parent has a bachelor's degree or, if you regularly resided with and received support from only one parent, *that* parent did not complete a bachelor's degree.)

Size of family (number of all members supported by family unit including yourself): _____

Are you independent (emancipated or marked independent on FAFSA)? Yes No

Are you receiving financial aid? Yes No If no, why:

Not eligible Have not applied but will apply for this year Financial Reasons Academic Reasons Other: _____

Would you benefit from services due to a disability? Yes No

If yes, will you or have you filed for services with Avila's disability services office? Yes No

Are you currently on academic probation? Yes No

Are you currently having difficulties in one or more classes? Yes No

III. EDUCATION AND ACADEMIC NEED

Which services are you interested in learning more about or receiving? CHECK ALL THAT APPLY

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic Workshops to Improve Skills | <input type="checkbox"/> Career Exploration/Transition | <input type="checkbox"/> FAFSA Assistance |
| <input type="checkbox"/> Financial Literacy/Scholarships | <input type="checkbox"/> Graduate School Visits | <input type="checkbox"/> Graduate School Test Prep |
| <input type="checkbox"/> Grant Aid | <input type="checkbox"/> Individual Academic Advising | <input type="checkbox"/> Learning Communities |
| <input type="checkbox"/> Mentoring/Networking | <input type="checkbox"/> Personal Support/Coaching | <input type="checkbox"/> Tutoring |

Other consideration: CHECK ALL THAT APPLY

- | | |
|---|--|
| <input type="checkbox"/> English is not my first language | <input type="checkbox"/> I am a veteran |
| <input type="checkbox"/> I am in foster care | <input type="checkbox"/> I am/have been homeless |

IV. STATEMENT OF VERIFICATION, AGREEMENT, AND CONSENT

My signature below indicates that, to the best of my knowledge, I have given you on this application true statements, complete and accurate. With my signature, I hereby grant permission to Student Support Services Inspired to Achieve to gather my ACT scores, financial aid reports, transcripts, and other necessary information in order to provide the services I have requested and to make reports to the US Department of Education for the re-funding of this program. I also authorize SSS Inspired to Achieve 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 following purposes: 1) student demographic data and record keeping, 2) program evaluation, 3) needs assessment, 4) federal reporting, 5) other administrative purposes. I grant permission to use photographs, quotes, accomplishments, statements, and/or print my first and last name in any publications for Student Support Services Inspired to Achieve.

I have read and agree with the Statement of Verification, Agreement, and Consent.

Date _____ Signature _____

BRING COMPLETED APPLICATION OR MAIL TO:

Avila University
TRIO Office, Hodes Center
11901 Wornall Rd
Kansas City, MO 64145

Phone: (816) 501-2904 **E-Mail:** regan.baker@avila.edu

Regan Baker, SSS Director • Anissa Martinez, Academic Coordinator