

Application for Services

Semester: Fall Spring Academic Year _____
Please circle the current semester

PERSONAL INFORMATION	Name: Last: _____ (please print all information) First: _____ MI: _____		Gender: M F	Date of Birth: _____	Park ID Number: _____	SS#: _____
	Local Address or Dormitory: _____ Apt. / Campus Box #: _____ City: _____ State: ____ Zip code: _____ Local (campus) phone: () _____ Cell Phone: () _____	Permanent or Parent's Address: Street: _____ Apt. / Campus Box #: _____ City: _____ State: ____ Zip code: _____ Permanent (Parent's) phone: () _____	Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic/Latino/a <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian Other: _____	Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International Students		
E-mail: (Please provide your Pirate Mail address) _____						
SERVICE INFO.	➤ Semester: _____ Academic Year: _____ ➤ If you are a returning StepUP participant, what was your last SEMESTER/YEAR with StepUP? _____ ➤ If you are a new applicant, how did you hear about this program? _____					
	EDUCATION & ACADEMIC NEED	Degree(s) and Diplomas held: <input type="checkbox"/> High School/GED Graduation Date: _____ <input type="checkbox"/> Associate's <input type="checkbox"/> B.A., B.F.A., B.S., B.G.S <input type="checkbox"/> Master's or Doctorate <input type="checkbox"/> Other:	Park Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other: Major: <input type="checkbox"/> have applied for entrance into major <input type="checkbox"/> am accepted into major <input type="checkbox"/> undecided	Services Requested: <i>(check all that apply)</i> <input type="checkbox"/> Reading skills <input type="checkbox"/> Math skills <input type="checkbox"/> Tutoring assistance <input type="checkbox"/> Mentoring conference <input type="checkbox"/> Writing skills <input type="checkbox"/> English course assistance <input type="checkbox"/> Personal conference <input type="checkbox"/> Career counseling referral <input type="checkbox"/> Study skills <input type="checkbox"/> Financial Aid referrals Day/Time I am available to meet with the STEP UP Mentor: _____ _____	If you are requesting tutoring, please list the course name and number of the class/es to be tutored: _____ _____ _____ <i>Note: Schedule Session with tutor(s) online at: WCONLINE www.park.edu/support</i>	

DEMOGRAPHIC INFORMATION	<u>INCOME STATUS</u>	<u>FIRST GENERATION COLLEGE STATUS</u>			<u>DISABILITY STATUS</u>
	Are you currently receiving financial aid through the Park Office of Student Financial Services? YES NO If NO , why? _____ _____ <input type="checkbox"/> I have not applied, but I will apply to receive aid for this year I am not eligible... <input type="checkbox"/> For financial reasons <input type="checkbox"/> For academic reasons <input type="checkbox"/> Other _____ <input type="checkbox"/> Scholarship <input type="checkbox"/> Sport _____	Your mother's highest degree: <input type="checkbox"/> 8 th grade <input type="checkbox"/> H.S. diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Unknown	Your father's highest degree: <input type="checkbox"/> 8 th grade <input type="checkbox"/> H.S. diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Unknown	Your guardian's highest degree: <input type="checkbox"/> 8 th grade <input type="checkbox"/> H.S. diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Unknown	Do you have a disability? (Circle one) YES NO If so, is documentation regarding your disability filed with the Park University Director of Academic Support Services? YES NO
	Were you living with your mother prior to your 18 th birthday? YES NO	Were you living with your father prior to your 18 th birthday? YES NO	Were you living with your guardian prior to your 18 th birthday? YES NO		

Spring Update _____ Please initial to verify that the student has no changes to their personal information on the Fall Application. *Please fill out the Spring App. Short Form if you need to make changes to your personal information.*

STATEMENT OF VERIFICATION:
 To the best of my knowledge, the above information is true. **Student Initials:** _____

STATEMENT OF AGREEMENT AND CONSENT:
 I authorize Academic Support Services (ASC) to gather financial aid reports, transcripts, and other necessary information in order to provide me with the services that I have requested. I also authorize the ASC 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 specified purposes:
a. student demographic data & record keeping **b.** program evaluation **c.** needs assessment **d.** other administrative purposes

STUDENT SIGNATURE AND DATE: _____ **STAFF MEMBER SIGNATURE:** _____

FOR OFFICE USE ONLY				
<u>ACADEMIC NEED</u>	<u>ACADEMIC NEED CODES</u>	<u>PERSON REVIEWING APPLICATION :</u>	<u>NOTES:</u>	
HS GPA (<2.5) _____	01 - HS GPA			Continuing Student? Y N
Transfer GPA (<2.5) _____	04 - ACT			First year of participation: _____
PARK GPA Cum (<2.5) _____	05 - Predictive Indicator			FG LI
ACT (<20) _____	07 - College GPA			DIS D/LI
Other demonstrated need: _____	08 - GED			Academic Need: _____
	09 - Failing grades			
	11 - Multiple			
	12 - Other			