

Application for Services

All information will remain confidential and will be used for:

A) student demographic recordkeeping B) needs assessment C) other administrative purposes

PERSONAL INFORMATION	Name: Last: _____ <small>(please print all information)</small> 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? _____				
	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: _____ _____ _____ Note: Schedule Session with tutor(s) online at: WCONLINE www.park.edu/support	
EDUCATION & ACADEMIC NEED					

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				Do you have a disability? (Circle one)
	If NO , why? _____ _____	Your <u>mother's</u> 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 <u>father's</u> 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 <u>guardian's</u> 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	YES NO
<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	Were you living with your mother prior to your 18th birthday? YES NO	Were you living with your father prior to your 18th birthday? YES NO	Were you living with your guardian prior to your 18th birthday? YES NO	If so, is documentation regarding your disability filed with the Park University Director of Academic Support Services? YES NO	

<u>STATEMENT OF VERIFICATION:</u>	
To the best of my knowledge, the above information is true.	Student Initials: _____
<u>STATEMENT OF AGREEMENT AND CONSENT:</u>	
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	c. needs assessment
b. program evaluation	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>	Continuing Student? Y N
HS GPA (<2.5) _____	01 - HS GPA			First year of participation: _____
Transfer GPA (<2.5) _____	04 - ACT			FG LI
PARK GPA Cum (<2.5) _____	05 - Predictive Indicator			DIS D/LI
ACT (<20) _____	07 - College GPA			Academic Need: _____
Other demonstrated need: _____	08 - GED			
	09 - Failing grades			
	11 - Multiple			
	12 - Other			