



TRIO/STUDENT SUPPORT SERVICES
APPLICATION FOR SERVICES
EASTERN ILLINOIS UNIVERSITY



Name: Last First Middle Other Name (optional)

Maiden Name: Date of Birth: E Number:

EIU Email: Personal Email: Cell Number:

Permanent Address: City: State: Zip:

College Address: City: State: Zip:

Sex Assigned at Birth: Gender Identity: Pronouns: (Ex. He/Him, They/Them, She/Her)

Are you a U.S. citizen? If no, are you a permanent U.S. resident?

If you are a U.S. resident, please print your Alien Registration Number: A-

(Please attach a copy of both sides of your Alien Registration Card)

Race Identification (Select all that apply): American Indian or Alaskan Native, Asian or Asian American, Black or African American, Native Hawaiian or Pacific Islander, White, Other

Are you Hispanic and/or Latino? (These ethnic identifications may refer to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origins regardless of one's race identification)

Primary Parent/Guardian Information:

Table with 5 columns: Relation to You, First Name, Last Name, Occupation, Living With? and 4 rows for data entry.

Primary Parent/Guardian's Highest Level of Education Completed (Circle below):

Table with 4 columns: Relation to You, High School/GED, College, Degree Obtained and 4 rows for data entry.

What is your marital status? Are you independent, homeless, or at risk of becoming homeless? Are you (or were you at age 13 or older) a ward/dependent of the court? Are you a veteran? Do you live in a rural community?

- Do you live in a predominantly low-income community? [] Yes [] No
- Are you registered with Accessibility & Accommodations at EIU? [] Yes [] No
- Have you applied for financial aid for the current academic year? [] Yes [] No
- Do you receive financial aid? [] Yes [] No
- Have you been out of the academic setting for 5 or more years? [] Yes [] No
- Do you plan to complete your Bachelor's degree at EIU? [] Yes [] No

How did you find out about the Student Support Services Program? _____

Have you previously participated in a U.S. Department of Education TRIO Program? [] Yes [] No

If yes, specify when: _____ and the location: _____

- [] Gear Up [] Educational Opportunity Center [] Student Support Services [] Talent Search [] Upward Bound

What is your need for academic support in our program? (Check all that apply)

- [] Academic Advising [] Academic Preparedness for College [] Multicultural Program
- [] Applying to Graduate Schools [] Level Coursework [] Obtaining Internships
- [] Career Counseling [] Assistance with Educational and/or [] Personal Counseling
- [] Computer Skills [] Career Goals [] Resume Preparation
- [] Financial Aid Assistance [] Confidence and Social Skills Building [] Scholarship Assistance
- [] Graduate School Visits [] Faculty/Staff/Peer Mentoring Program [] Selecting College Courses
- [] Increasing Grade Point Average [] Limited English Proficiency [] Study/Note-Taking Skills
- [] Interview Practice [] Participating in Summer Research [] Test-Taking Skills
- [] Leadership Development [] Opportunities at other Universities [] Tutoring

Which of the following subjects do you anticipate the need for tutoring? (Check all that apply)

- [] Biology [] Chemistry [] English/Writing [] Foreign Language [] Geography
- [] Health Sciences [] History [] Math [] Political Science [] Physics
- [] Psychology [] Sociology [] Speech [] Other _____

List specific ways that you expect to benefit from participation in the EIU Student Support Services Program:

Current Year in School:

- [] New Freshman (0 hrs) [] Freshman (0-29 hrs) [] Sophomore (30-59 hrs) [] Junior (60-89 hrs) [] Senior (+90 hrs)

Major: _____ Minor: _____ Do you already have a college degree? [] No [] Yes, a _____

Current GPA: _____ Check one: [] 4.0/Scale [] 5.0/Scale Date GPA Earned: _____

Specify where current GPA has been earned: High School _____ or College _____

If you, your parents, or the parent you live with filed an income tax form this current tax year, a **signed and dated copy (pages **1 and 2**) of the completed U.S. federal income tax return (form **1040, 1040A, or 1040EZ**) or other approved proof of income **must accompany this application**. Faxed copies will be accepted at 217-581-7951**

I understand that the information on this form will be used for statistical and eligibility purposes only and held in strict confidence in accordance with FERPA guidelines. All statements are true to the best of my knowledge. I will make every effort to provide TRIO/SSS with documentation of income.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(Only if student is under the age of 18)

Eastern Illinois University
STUDENT AGREEMENT CONTRACT



I accept the offer to participate in the TRIO Program. I understand the benefits of being selected into this program include: 1) Academic Tutoring; 2) Study Skills Enhancement; 3) Cultural Opportunities; 4) Career Counseling; 5) Leadership Development Training; 6) Mentoring; 7) Scholarship Opportunities; 8) Individual Counseling; 9) Advice and Assistance in Course Selection; and 10) Financial Literacy Education. I understand that being selected for the TRIO Program is a privilege and that I am ultimately responsible for my academic progress. I agree to satisfy the following program criteria:

- Meet with my TRIO advisor to develop my Individual Student Plan (ISP) and update plan each semester.
- Attend a **minimum of 2** educational/cultural/workshop activities per semester.
- Meet **monthly** with my TRIO advisor and keep all appointments for coordinated services according to my ISP and attend the **TRIO Mandatory Retreat** (which is held on campus).
- Contact my TRIO advisor if I am in need of tutorial services.
- Keep my TRIO advisor informed of my academic progress and meet with advisor before withdrawing from a course or any other major changes that impact my academic progress.
- Schedule bi-weekly (every 2 weeks) appointments with my TRIO advisor if I am receiving a **D or F at mid-term or if my grade point average falls below a 2.1** to develop a plan of action.
- Check the TRIO web site at www.eiu.edu/eiutrio at least once per week.
- Check my EIU email account at least twice a week for TRIO and academically related messages.
- Provide updated information (any changes in name, address, email, or phone numbers) to TRIO staff as often as necessary.
- Cooperate with data collection and surveys related to the TRIO Program for the purpose of meeting federal regulations.
- I understand that printing in the TRIO Office is limited to my academic coursework and I am not to copy/print for others or organizations or my printing privileges could be revoked.
- I understand that students who exceed the minimum requirements of the TRIO Program will be given priority ranking in determining **scholarship recipients, attendance at leadership conferences and cultural events.**
- I understand that if I do not actively participate in the TRIO Program that I will be placed on the inactive list and my slot will be filled. After being placed on the inactive list, students may reapply to the program.
- I understand that as part of my educational success, I agree to attend all my classes, complete all my assignments on time, sit up front if I have the option, meet with my professors, and proactively utilize all of my available academic support.

I have read and understand the requirements for participation in the TRIO Program and I agree to abide by the regulations of this program. I authorize the use of my photograph and name in any and all TRIO/OIAE publications, examples include but are not limited to: the TRIO/SSS website, bulletin boards and displays, email notices, and TRIO/SSS social media sites. Parent signature needed if student is under age 18.

Participant Signature

Date

Parent Signature (**only if student is under 18**)

Date

Staff Signature

Date



**TRIO/STUDENT SUPPORT SERVICES
EASTERN ILLINOIS UNIVERSITY**

RELEASE OF INFORMATION AUTHORIZATION

I, _____, hereby authorize the TRIO/Student Support Services (SSS) program permission to obtain information, which is relevant to my eligibility into the program and academic success, from personnel at Eastern Illinois University including departmental faculty, administration, and staff including but not limited to the following departments: Registration, Admissions, Records, Academic Advising, Housing & Dining, The Writing Center, Career Services, Counseling Clinic, HERC, Office of Accessibility and Accommodations, Academic Support, Student Success Center, Financial Aid, Health Services, New Student and Family Services Program, OIAE, Dean of Students/EIU Student Support Team, Testing and Evaluation, and The Tutoring Center, etc. This release covers the ability to speak with interested parties and obtain information that is pertinent to academic performance, including factors affecting said performance, for the purposes of retention, graduation, and tracking as required by the U.S. Department of Education.

I understand that all information is confidential. This release will be valid during my tenure as an enrolled student at Eastern Illinois University. Parent's signature is needed if the student is

under the age of 18.

Student Signature: _____ Date: _____

Parent Signature (only if student is under 18): _____ Date: _____

TRIO Staff Signature: _____ Date: _____



TRIO/Student Support Services Program
Eastern Illinois University



AUTHORIZATION TO EXCHANGE OR REQUEST INFORMATION

Student information is confidential under the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g. Therefore, your authorization is necessary to permit (a) the release of information concerning your academic progress to your parent(s), guardian(s), or designee and (b) to seek information about your academic progress from teachers and/or other university officials.

The Authorization to Exchange/Request Information is for the above stated purpose.

I, _____ hereby authorize the TRIO/SSS Program at Eastern Illinois University to contact either or both of my parent(s), guardian(s), designee and/or teachers to exchange/request academic information including, but not limited to, grades, test scores, and progress reports.

I understand that this authorization is being used to allow the TRIO/SSS Program staff and parent(s), guardian(s), designee and/or teachers to communicate and work together on your behalf.

I understand that I have a right to be told what information was exchanged.

I understand this authorization will be valid until I am formally exited from the TRIO/SSS Program.

I affirm that I am eighteen (18) years of age or older.

Signature of Student

Date

Date

**Indicate Name(s) of Parent(s), Guardian(s) or Designee
(include their relationship to you and their cell phone #)**

Signature of TRIO Staff

Date