



SHU ID # \_\_\_\_\_

400 South Orange Avenue, South Orange, New Jersey 07079
Student Support Services Program Application Form

Part I - (PLEASE TYPE OR PRINT)

Name: Last First MI SS#: - -

Home Address: Street Address City State Zip Code

Permanent Address: Street Address City State Zip Code

Home Telephone Number: ( ) - Email Address:

Campus Address: Campus Telephone Number: ( ) -

Date of Birth (MM/DD/YY): / / Gender: Female Male

Classification: Freshman Sophomore Junior Senior

First Entry to SHU: Semester Year Transfer Student: Yes No

HOW WOULD YOU DESCRIBE YOURSELF?

- American Indian or Alaska Native White
Asian Native Hawaiian or Pacific Islander
Black or African American More than one race reported
Hispanic or Latino

Are you a United States Citizen? Yes No

Permanent Resident? Yes No

If yes, provide your Permanent Resident Immigration card number

DO YOU PARTICIPATE IN ANY OF THE FOLLOWING PROGRAMS?

- Educational Opportunity Program Pre Medical/Pre Dental Program
MLK Scholars University Honors Intercollegiate Athletics
Disability Support Services Other (specify):

IN WHAT SERVICES WOULD YOU LIKE TO PARTICIPATE?

TUTORING

Biology Chemistry Mathematics Nursing Physics Other (specify)

COUNSELING\*

Academic Advisement Career Financial Aid Personal

\*Counseling services are offered on a limited basis

## WORKSHOPS AND OTHER ACTIVITIES

- |   |   |
|---|---|
| <input type="checkbox"/> Time Management        | <input type="checkbox"/> Nursing Certification Review         |
| <input type="checkbox"/> Resume Writing         | <input type="checkbox"/> Teacher Certification Review         |
| <input type="checkbox"/> Job Search Skills      | <input type="checkbox"/> Study Group                          |
| <input type="checkbox"/> Achievement Motivation | <input type="checkbox"/> Math Anxiety                         |
| <input type="checkbox"/> Managing Priorities    | <input type="checkbox"/> Information Technology Certification |
| <input type="checkbox"/> Public Speaking        | <input type="checkbox"/> Other (specify)                      |

This request is for Fall and Spring Semesters \_\_\_\_\_;      ONLY Fall Semester \_\_\_\_\_  
ONLY Spring Semester \_\_\_\_\_

### Part II - (PLEASE TYPE OR PRINT)

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Did your mother or father earn a 4-year college degree?    Yes    No

Family's Adjusted Taxable Income

\$ \_\_\_\_\_ From the 2007 Federal Income Tax return

\$ \_\_\_\_\_ Untaxed Income (Public Assistance, Social Security, etc)

Family Size (From Tax Return) \_\_\_\_\_

Are you disabled as certified by an Authorized Document?

Yes    No

**I authorize Student Support Services to verify all information contained in this application.**

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

#### FOR DEPARTMENTAL USE ONLY

\_\_\_ 1st Generation   \_\_\_ Low Income   \_\_\_ Disabled   \_\_\_ Eligible   \_\_\_ Ineligible   \_\_\_ Wait List

Comments \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed, signed application to:**

Student Support Services  
President's Hall  
Lower Level, Room 4

Should you have any questions please call 973-761-9230.