



STUDENT SUPPORT SERVICES APPLICATION

Legal Name: _____
Last First Middle Maiden

Chosen Name: _____
Last First Middle

Preferred Pronouns (he/him, she/her, they/them, etc.): _____

Student ID: _____ Date of Birth: _____ Gender _____

Degree Program: Associate's (2-year) Bachelor's (4-year)

Class Status: FR (0-29 credits) SO (30-59 credits) JR (60-89 credits) SR (90+ credits)

Major: _____ Minor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Marital Status: Single Married Single Parent Divorced Legally Separated Widowed

U.S. Citizen: Yes No Veteran: Yes No

Ethnicity: Hispanic or Latino Yes No

Race: American Indian/Alaskan Native Asian Black or African-American
 Native Hawaiian or Other Pacific Islander White

At the time of your 18th birthday, did either of your parents have a Bachelor's Degree (4-year)? Yes No

If YES, what was their degree in (or their current occupation)? _____

Do you have a diagnosed disability? Yes No

If YES, specify: _____
(Required documentation can be filed with Accessibility Resources office at a later date.)

On 2020 income taxes, were you a: Dependent Independent

Size of family unit: _____ Income for 2020: _____

Do (or will) you receive any of the following financial aid programs? Yes No Not Sure

If YES, which: Pell FSEOG Higher Ed Veteran's Affairs Welfare Aid
 Social Security Work Study Job Service Voc. Rehab

I hereby grant permission to MSU-Northern Student Support Services to secure the necessary information pertinent to my participation in the SSS Program and MSU-Northern (e.g. financial data, standardized test scores, college/high school transcripts, instructor contact, and disability services). Please note that you only need to apply ONCE to be considered for the TRiO SSS Program. I certify the above information to be true to the best of my knowledge.

Student Signature Date

SSS Director Signature Date

All information is **confidential**. Only aggregate (total/subgroup) data will be used for purposes of federal grant compliance. Please note that you only need to apply ONCE to be considered for this TRiO SSS Program.

MSUN STUDENT SUPPORT SERVICES

Student Academic Readiness Self-Assessment

Please answer the following questions to the best of your knowledge. Your openness and honesty will help us to evaluate how Student Support Services can best help you to reach your academic goals.

Mark which best fits you: SA strongly agree A agree I indifferent D disagree SD strongly disagree.

SA	A	I	D	SD	I enjoy college.
SA	A	I	D	SD	Personal issues make it hard to study.
SA	A	I	D	SD	I dread the thought of several more years of college.
SA	A	I	D	SD	I find it easy to make friends.
SA	A	I	D	SD	I am uncertain about my career goals.
SA	A	I	D	SD	I often have trouble concentrating.
SA	A	I	D	SD	Sometimes I feel I need more social and academic support
SA	A	I	D	SD	I do not have adequate computer skills.
SA	A	I	D	SD	I know I will be a successful student.
SA	A	I	D	SD	When I take a test, I often forget what I studied.
SA	A	I	D	SD	I feel that I study all the time to no avail.
SA	A	I	D	SD	I seem to miss information that is presented in class.
SA	A	I	D	SD	I am reluctant to ask for help.
SA	A	I	D	SD	I have trouble finding the time to study.
SA	A	I	D	SD	I do not like to make decisions.
SA	A	I	D	SD	I feel that most teachers are caring.
SA	A	I	D	SD	My grades do not reflect my ability.
SA	A	I	D	SD	My grades are low because some of my professors are unfair.
SA	A	I	D	SD	Getting up in the morning is difficult for me.
SA	A	I	D	SD	I know few people at MSU-Northern.
SA	A	I	D	SD	My family is very supportive of my decision to go to college.
SA	A	I	D	SD	I often worry about failure.
SA	A	I	D	SD	I avoid classes that require much reading.
SA	A	I	D	SD	I know where to find personal, financial, and academic support on campus.

My academic goal is:

In order to reach this goal, I must...

I, _____, wish to participate in the Student Support Services Program in order to achieve my educational goals. I agree to participate in all recommended services and will keep all scheduled appointments to help achieve these goals. I give SSS permission to secure any of my necessary academic and financial records to verify my eligibility for program participation. I agree that the information I provided on this application is true to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

NOTE: the information requested in this form is used strictly to determine program eligibility as well as to provide program demographics to the Department of Education. ALL information will be kept in confidence by program staff. The MSU-Northern Student Support Services Program does not discriminate on the basis of ethnicity, gender, age, national origin or handicap.