

UNIVERSITY OF KENTUCKY
STUDENT SUPPORT SERVICES
257-9797

1. Name _____
(Last) (First) (Middle)
2. Social Security No. _____ Student ID _____
3. Ethnic Background: African American/Black Caucasian/White
 Hispanic American Indian/Alaska Native
 Asian/Pacific Islander Other _____
4. U. S. Citizen Yes No or Permanent Resident Yes No
5. Permanent Address: _____
(Street) (County) (City) (State) (Zip)
6. Local Address _____
(Street) (County) (City) (State) (Zip)
7. Telephone: (Campus) _____ (Work) _____ (Permanent) _____
8. E-mail address: _____
9. Birth date: _____ 10. Sex: Female Male
11. Marital Status: Single Married Divorced Separated Widowed
12. Do you have a disability: No Yes (Please Explain) _____
13. Do you have children? No Yes (Number of Children) _____
14. How many people are living in your household? _____ Family Income: _____
15. Do your parents claim you on their income tax as a dependent? Yes No
16. Have you completed a Free Application for Federal Student Aid? Yes No
Date you mailed/sent the application _____.
17. If you receive financial aid, which type(s) are you receiving:
 Grant Loan Work-study Scholarship (Please Specify) _____
18. Number of hours worked per week _____
19. Trio Programs previously participated in: Upward Bound Talent Search
 Student Support Services
20. When living at home, whom do you reside with:
 Both Parents Mother Only Father Only Independent Other _____

- | | | |
|---|--------------------------|--------------------------|
| 21. Highest grade/degree completed by your parents: | Mother | Father |
| GED | <input type="checkbox"/> | <input type="checkbox"/> |
| High School | <input type="checkbox"/> | <input type="checkbox"/> |
| Associate | <input type="checkbox"/> | <input type="checkbox"/> |
| Four-year College | <input type="checkbox"/> | <input type="checkbox"/> |
| Graduate or Professional | <input type="checkbox"/> | <input type="checkbox"/> |
| None of the above | <input type="checkbox"/> | <input type="checkbox"/> |
22. What is your current University status? Fr. Soph. Jr. Sr.
Number of Cumulative hours earned _____
23. What was your ACT/SAT Score _____ UK GPA _____
24. What is your major? _____
25. Are you currently on academic probation? Yes No
26. What year did you first enroll In College? _____ year
 Fall Spring Summer
27. Did you transfer from another university/institution? Yes No
28. Name of previous university/institution _____
29. Number of hours transferred _____ 30. Expected graduation date _____
31. Do you have a degree plan on file? Yes No
32. What services do you need from SSS? Check all that apply.
- | | |
|--|--|
| <input type="checkbox"/> Free Tutoring | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Help with Math | <input type="checkbox"/> Help with Science |
| <input type="checkbox"/> Help with Writing | <input type="checkbox"/> Help with Academic Planning |
| <input type="checkbox"/> Help with Personal Concerns | <input type="checkbox"/> Study Groups |
| <input type="checkbox"/> Computer Assistance | <input type="checkbox"/> Peer Mentor |
33. How did you find out about the program? Staff Referral Student Referral
 Flyer Newspaper Ad
 Advising Conference
- Name and/or Title of Referring Staff or Student _____

I hereby certify that the above information is true and correct to the best of my knowledge. I further authorize Student Support Services to receive copies of my high school transcripts, SAT/ACT scores, UK grade reports, financial aid award notices, and any other information from my academic records pertaining to my enrollment in Student Support Services.

Student Signature _____
Date

Please return the application to: University of Kentucky Student Support Services
Phone: (859) 257-9797 725 Rose St Suite 443 Lexington, KY 40536-0082