

**STUDENT SUPPORT SERVICES** Tosh Miller 709 Oklahoma Blvd Alva, OK 73717 (580) 327-8119 (office) (580) 327-8153 (fax) trio-sss@nwosu.edu

## **Confidential SSS Application**

Student Information				
Last Name	First Name	Middle Initial		
Current address Student Social Security #				
Student Email	Cell Number	NWOSU Student	: ld #	
Which best describes you: 🗌 Male 🗌 Female		Parent's Phone #		
Date of birth (Month/Date/Year	Today's Date			
Educational Information: Year In College: Ist yr., never attended       Ist yr., attended before       2nd yr./sophomore         Ist yr./junior       Ist yr./senior       5th yr./other undergraduate         What is your current college grade point average (GPA):       Academic Major:         What is your educational goal (mark all that apply)?       Bachelor's       Master's       Doctorate       Professional Degree				
Do you identify yourself as of Hispanic or Latino ethnicity: Yes No				
What is your race? (check all that apply)       Citizenship status:         White       U.S. Citizen         Black or African American       Permanent Resident (Resident Alien Number:				
Eligibility				
First Generation Eligibility         Did your father\guardian receive a 4-year college degree         Did your mother\guardian receive a 4-year college degree         Yes         No         Disability Status         Having a disability, as defined by federal law, is one of the criteria that make a student eligible to receive SSS services.         Have you applied and been accepted for accommodations based on your disabling condition at NWOSU?         Yes         Income Eligibility         Our Student Support Services program is required to gather family size and taxable income information for students seeking our services. If you are a student who				
is claimed as a dependent on your parent it to you as soon as we receive this applic	(s)/guardian(s) tax return, then your parent/gua cation in our office.	ardian will need to complete our Income Eligi	bility form. We will give/send	
If you are a student who files their own income tax (independent student), you will complete a different section on our Income Eligibility form. You may be an independent student if your guardians/parents do not claim you as a deduction on their income form.				

To determine your income eligibility, we use income tax information from the prior year or the tax year before that.



Return this application to the SSS office in room 108, Fine Arts building or fax it to us (see above).

## My Academic Need (These are services/workshops that you will use as an SSS participant)

Academic Assistance	Financial Strategies Budgeting FAFSA assistance	After Northwestern Career planning Goals/decision making
<ul> <li>Test taking strategies</li> <li>Writing papers</li> <li>Test anxiety</li> </ul>	Grants & scholarships Loans & debt	Graduate school planning Financial planning for graduate school Graduate school admissions strategies
<ul> <li>Final exam preparation</li> <li>Textbook reading strategies</li> <li>Note-taking</li> <li>Conducting research</li> <li>Overall college grade improvement</li> <li>Other:</li> </ul>	Resource needs Winter break housing Food resources Clothing Textbooks Student Employment	<ul> <li>Employment after college</li> <li>Resumes\letters of application</li> <li>Mock interviews</li> <li>Job leads and making applications</li> <li>Financial planning with your new salary</li> <li>Financial planning for couples</li> <li>Dressing for success: what do I need?</li> </ul>
Advising Course selection Major/minor Degree requirements Degree progress	Support needs Transition to NWOSU What to bring to college Relationships Stress management Counseling	On the job success

## WE REQUIRE THE FOLLOWING COMMITMENT FROM YOU:

- ☐ I WILL meet with my SSS advisor at least weekly during my first two semesters and monthly thereafter.
- ☐ I WILL maintain at least a cumulative GPA of 2.0.
- I WILL participate in tutoring sessions as planned with my SSS advisor or student coach.
- I WILL meet with my student coach/tutor as needed.
- I WILL participate in SSS webinars, workshops and events.
- I WILL enroll full time and graduate within 5 years of my first NWOSU enrollment.
- I WILL set goals with my SSS advisor that lead to my graduation from NWOSU.

By checking the items above in My Academic Plan, I agree to the program commitments and requirements shown by my signature below.

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

Witness :

Date: \_\_\_\_\_

I grant permission to Student Support Services to track all of my academic progress at NWOSU and communicate with my parents/guardians. I hereby authorize the release of my student academic and financial aid records for the SSS professional staff to use to discuss with me and if appropriate my instructor in order to better assess my academic progress. I understand that my instructors may be contacted during the semester to evaluate my class progress. These evaluations will be available to me upon my request. In addition, I hereby give my permission for my photograph, work and/or statements to be used by Student Support Services for promotional, or publicity purposes. If found eligible for SSS, I agree to actively participate in the program, and I certify that the information provided by me is correct to the best of my knowledge.

**Privacy Act:** In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that the Department of Education is authorized to collect information to implement the Student Support Services Program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, Sec. 402D). In accordance with this authority, the Department receives and maintains personal information on participants in the Student Support Services program. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing the information on this form, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of their official duties.

Federal Funds cover 100% of the costs of this sponsored project.