

APPLICATION FOR TUTORIAL ASSISTANCE

This application is used by the Office of TRIO Programs to determine if you are eligible to participate in the Student Support Services Project. In addition, you will need to provide a copy of your latest federal income tax return or some other verification of your family's taxable income.

Social Security #		First Name:	Middle Initial:	Last Name:
Local Street Address:		City:	State:	ZIP Code:
Phone 1:			Phone 2:	
Web Address:			Email:	
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Student ID#	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native; <input type="checkbox"/> Asian; <input type="checkbox"/> Black or African American; <input type="checkbox"/> Hispanic or Latino; <input type="checkbox"/> Native Hawaiian or Pacific Islander; <input type="checkbox"/> White				
Permanent Street Address:		City:	State:	ZIP Code:

Please indicate how we may be of assistance: *(See reverse side for help if needed)*

Are you currently enrolled as an <u>undergraduate</u> student at North Dakota State University?				Y	N
Are you a permanent resident or citizen of the United States?				Y	N
If not, do you intend to become a permanent resident or citizen?				Y	N
Does either of your parents have a four-year college degree?				Y	N
Do you have a physical or diagnosed learning disability?				Y	N
Do you suspect that you might have a learning disability?				Y	N
Do you have the financial resources needed to complete the school year?				Y	N
Year In College: <input type="checkbox"/> 1 st yr., never attended <input type="checkbox"/> 1 st yr., attended before <input type="checkbox"/> 2 nd yr./sophomore <input type="checkbox"/> 3 rd yr./junior <input type="checkbox"/> 4 th yr./senior <input type="checkbox"/> 5 th yr./other undergraduate				Current Cumulative GPA:	

The above information is true to the best of my knowledge. I authorize the Student Support Services Project to obtain my transcripts, financial aid data, and other information pertinent to my participation in the program from the appropriate NDSU offices.

Student Signature: _____ Date: _____

Privacy Act Information
 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.

Academic Support Needs

	Great Need	Some Need	No Need
Math Skills	_____	_____	_____
Science Skills	_____	_____	_____
Writing Skills	_____	_____	_____
Reading Skills	_____	_____	_____
Public Speaking Skills	_____	_____	_____
Other Classes: _____	_____	_____	_____
Books/Equipment for Classes	_____	_____	_____
Test Anxiety	_____	_____	_____
Computer Skills	_____	_____	_____
Use of Campus Connection	_____	_____	_____
Use of Blackboard	_____	_____	_____
Study Skills	_____	_____	_____
Study Environment	_____	_____	_____
Time Management	_____	_____	_____
Class Attendance	_____	_____	_____
Preparation for Exams	_____	_____	_____
Review Graduation Requirements	_____	_____	_____
Finance/Money Issues	_____	_____	_____
Employment Needs	_____	_____	_____
Child Care/Family Obligations	_____	_____	_____
Transportation	_____	_____	_____
Family Support	_____	_____	_____
Health/Wellness Issues	_____	_____	_____
Living Arrangements/Roommate	_____	_____	_____
Career Information	_____	_____	_____
Social Interaction	_____	_____	_____
Other	_____	_____	_____