In order to process your application for Student Support Services, we will need ONE of the following types of documentation:

1. Signed US or Puerto Rican Income Tax Return (IRS Form 1040, 1040A or 1040EZ)
2. Signed Financial Aid Application
3. A signed statement indicating taxable income from the individual’s parent or legal guardian
4. Verification from another governmental source (Records of untaxed income, such as Welfare, Social Security, AFDC, ADC, Veterans Benefits or State Income Tax. You can contact these agencies for the necessary documentation.)

- Income Verification (All Applicants)
- Disability Documentation (If Applicable)
- Freshmen must submit a High School Transcript or GED certificate
- Former TRIO members of another program should submit a letter of verification.

The above-mentioned documentation will be used to determine your eligibility, but will not be the only factor considered. All information submitted is confidential and will not affect any aid you and your family may be receiving at this time.

Our Federal guidelines require that we retain this documentation in a student’s file, whether the student was admitted under income eligibility or not. If your parents claim you as a dependent on their income tax return, you are considered a dependent student and must submit the above information concerning your parents’ income. If your parents do not claim you on their income tax return, you are considered an independent student and must submit the above information concerning your income and/or your spouse’s income.

If you wish to return this application, along with requested information, by mail, please send to the following address:

Student Support Services
Southeastern Louisiana University
SLU 10382 Hammond, LA 70402

Fax to: (985) 549-3467

Or Drop off at
North Campus Main Building B, Suite 289
Student Support Services
Application for Services

I was referred to Student Support Services by: ___________________________

SSS Participant Instructor Self Friend SLU Campus Office

Date: ___________________________ SS N#: _______________

W #: ___________________________

Student Name: _______________________________________________________________________________________________________________

Last First Middle

Local Address: ____________________________________________________________

Street/PO Box City State ZIP

Permanent Address: _______________________________________________________ 

Street/PO Box City State ZIP

Home Phone: (__________) ____________________________ Cellular Phone: (__________) ____________________________

Permission to text ☐ Yes ☐ No

Date of Birth: __/__/________ Ethnicity: (AmIndAK) (Asian) (BlackAfrAm) (White) (HIPacIslndr) Ethnicity: Hispanic/Latino Background ( y ) ( n ) 

(Circle all that apply)

Gender: Male______ Female ______

Are you a legal resident of the US? Yes ____ No _____ If no, please list your Alien No.: ________________________________

ALL APPLICANTS MUST COMPLETE THIS SECTION

Date of enrollment at SLU: ___________________________ ACT Comp. Score: ___________________________

Classification: FR SO JR SR Are you a: Traditional Student or Non-Traditional Student

INCOME ELIGIBILITY (Circle all that Apply)

Total Number in Household: ___________________________ Taxable Income per year: ___________________________

Are you: Independent (Claim Head of Household) Dependent (Claimed by parent/guardian)

Do you receive any public assistance? Yes ____ No _____

Which of the following do you receive? Pell Student Loan Scholarship Other: ___________________________


Eligibility

Do the parent(s) you live with have a Bachelor’s (4 yr) Degree? Yes ____ No _____

Do you have a documented disability? Yes ____ No _____ Registered with SLU Disability Services? Yes ____ No _____

Please indicate the type of disability: ___________________________

Have you ever participated in other TRIO Programs? Educ. Opportunity Center (EOC) Talent Search Upward Bound Veterans Upward Bound

Circle the services you may need assistance with: Campus Resources Career Planning Financial Aid

Study Skills Tutoring Personal Issues

Test/Math Anxiety Test Preparation Time Management

Acknowledgement

I give Student Support Services permission to request the documents/information necessary to verify the contents of this application. I certify that all information is true and correct to the best of my knowledge.

Student’s Signature ___________________________ SSS Representative’s Signature ___________________________