

The Student Support Services Program (SSSP) MEMBERSHIP APPLICATION PACKET

The TRIO Student Support Services Program is funded one hundred percent by the U.S. Department of Education.

SUCCESS PLAN OF ACTION (S.P.A.)



OFFICE USE ONLY
Date: _____
Cohort Year: 20 _____
STUDENT'S NAME:
REVIEWED BY TRIO SSSP Counselor & Date:
ELIGIBILITY CRITERIA:
<input type="checkbox"/> First-Generation & Low-Income
<input type="checkbox"/> Disabled & Low-Income
<input type="checkbox"/> Low-Income Only
<input type="checkbox"/> First-Generation Only
<input type="checkbox"/> Disabled Only
=====
STATUS:
<input type="checkbox"/> Accepted Date: _____
<input type="checkbox"/> Waitlist Date: _____
<input type="checkbox"/> Denied/Not Eligible Date: _____



**COME...Be Brave
and Enter the Tiger's Den!**



Voorhees' TRIO SSSP, an educational opportunity program funded one hundred percent by the U.S. Department of Education. The information provided on this form will be held in the strictest confidence. All questions are designed to assist in better planning and serving your needs.

Name: _____ VU ID# _____
Last First Middle

Permanent Home Address: _____
PO Box# Street Address City/Town State Zip Code

Personal Email Address: _____
 Cell # _____ Home # _____

Address if you live off campus while attending Voorhees: Post Office Box# _____
Street Address City/Town State Zip Code

Father's Name _____ Living or Deceased Phone # () _____ - _____

Mother's Name _____ Living or Deceased Phone # () _____ - _____

MARITAL STATUS: Single Married
 Divorced Widowed
DATE OF BIRTH: _____ - _____ - _____ (mm/dd/yyyy)
GENDER: (Check one): Female Male
How many Brothers do you have? _____ **Sisters?** _____
Are You a Veteran? Yes No
Do you have a Parent who is/was a Veteran?
 Yes No
Are you right-handed **or left-handed** ?

ELIGIBILITY ----- CITIZENSHIP
 Are you a: U. S. citizen or a permanent resident
ELIGIBILITY ----- ETHNIC IDENTITY:
 Asian Black/African American Caucasian
 Hispanic Native American/Alaskan Native
 Other (*Specify*) _____
Name the TRIO Program if you participated: (i.e., EOC, GEAR-Up, SSS, Talent Search, Upward Bound, or Other:

Do you receive vocational rehabilitation benefits?
 Yes No

ELIGIBILITY ----- Please check all that apply:
 I am a first-generation college student - Neither of my parents graduated from a four-year institution.
 I have a documented learning or physical disability. **Attach your IEP, 504C Plan, or Other Document from an Official Professional Health or Other Official**
 English is my second language.

ELIGIBILITY ----- Please check all that apply:
 Are you a dependent or independent student ?
 Are you an orphan or ward of the court ?
 Are you a homeless youth? Yes No
 (i.e., if you lack a fixed, regular, consistent nighttime residence)
 Are you in foster care? Yes No

FINANCIAL AID: Are you receiving Yes No
 If No, check the reason(s): Not applied Not eligible Other: _____

HOW DID YOU HEAR ABOUT SSSP? Advisor Friend TRIO Member Instructor/Professor/Coach/Staff
 Website Referred by _____ Week of Welcome/Tiger Connect
 Other-please specify _____

INCOME VERIFICATION Voorhees' TRIO SSSP will use the **USDE Annual Income Levels** along with one of the following documents to determine INCOME ELIGIBILITY

- A U.S. IRS Tax Return Transcript from the IRS website: <https://www.irs.gov/individuals/get-transcript>.
- FAFSA/SAR (Student Aid Report). Can be retrieved from website: <https://studentaid.ed.gov/sa/fafsa>
- Verification of family income from another governmental source. (Ask staff for this form)
- A signed statement regarding income from independent student or parents.



SUCCESS PLAN OF ACTION (SPA)

NEED FOR ACADEMIC SUPPORT -- INDIVIDUAL NEEDS ASSESSMENT PROFILE

Name _____ Major/Program of Study _____

1. How can TRIO SSSP help you? _____

2. We assume that you plan to graduate from Voorhees University; but if your answer is No, Why Not? _____
3. Describe activities you like to participate in. _____

4. What barriers might prevent you from being a successful college student or earning a degree? _____

5. This semester, I plan to _____
6. In the future, I plan to _____

SELF ASSESSMENT

WHAT CAN STUDENT SUPPORT SERVICES HELP YOU WITH? Check All That Apply			
Improve writing skills (spelling, grammar, vocabulary)	<input type="checkbox"/>	Career Planning/Graduate School Opportunities (Selecting A Career, Selecting a Major, Job Interviewing)	<input type="checkbox"/>
Improve mathematics skills and/or reduce math anxiety	<input type="checkbox"/>	Become more involved on campus	<input type="checkbox"/>
Increase reading comprehension, reading speed, memory)	<input type="checkbox"/>	Familiarity with campus resources	<input type="checkbox"/>
Improve study habits, study more productivity, note-taking	<input type="checkbox"/>	Need help completing FAFSA	<input type="checkbox"/>
Increase my academic average/gpa (grade point average)	<input type="checkbox"/>	Afraid of failing in college	<input type="checkbox"/>
Clarify my career goals	<input type="checkbox"/>	Health concerns	<input type="checkbox"/>
Increase my self-confidence	<input type="checkbox"/>	Difficulty meeting new people	<input type="checkbox"/>
Clarify my values	<input type="checkbox"/>	Financial concerns	<input type="checkbox"/>
Need help with disabled services	<input type="checkbox"/>	Improve test taking skills	<input type="checkbox"/>
May benefit from personal counseling	<input type="checkbox"/>	Limited computer and/or Internet skills	<input type="checkbox"/>
Cultural/Social Enrichment	<input type="checkbox"/>	Unsure of college procedures	<input type="checkbox"/>
Improve time management skills	<input type="checkbox"/>	Difficulty budgeting money	<input type="checkbox"/>
Difficulty participating in discussions	<input type="checkbox"/>	Problems at home	<input type="checkbox"/>
Limited or no support from family/friends	<input type="checkbox"/>	Other	<input type="checkbox"/>
DESCRIBE Your Academic/Personal Strengths, Abilities & Skills		LIST Any Weaknesses You Need Help with and Anything Else We Need to Know About You.	

SUCCESS PLAN OF ACTION (S.P.A.)



STUDENT PARTICIPATION AGREEMENT

As a TRIO Student Support Services Program (SSSP) Participant, we ask that you make a commitment to yourself and the TRIO program, so you may fully benefit from the services TRIO has to offer. Your participation in the TRIO SSS Program will support successful progress toward timely degree completion and the attainment of post-graduate goals.

Our staff will work closely with you to provide comprehensive services. As a participant – you will be responsible for adhering to the following recommendations for success. Your affixed signature at the bottom of this page signifies that you agree to all the recommendations below. Failure to adhere to the below policies and procedures will result in denial of academic, career, and educational services. The SSS Program will email you a copy of this agreement and email reminders to you also.

EVERY SEMESTER:

- ✦ Attend two or more **TRIO SSS** workshops/seminars.
- ✦ Work with a **TRIO SSS** Staff to develop/ implement my SUCCESS PLAN of ACTION (SPA) designed to help me complete my post-secondary education and career goals.
- ✦ Meet with my assigned **TRIO SSS** counselor twice a month.
- ✦ Participate in academic tutoring with ACE, if recommended.
- ✦ Attend at least ten (10) College Assembly/Cultural Activities.
- ✦ Attend a Career Fair and Graduate/Professional School Visitation with the Career Office.
- ✦ Complete assigned Higher Education Financial Wellness Alliance (HEFWA) and Conover Online Modules.
- ✦ Adhere to VU's "Dress Code of Character."

ON-GOING:

- ✦ Attend classes regularly and do reasonable progress in all coursework.
- ✦ Receive correspondence from **TRIO SSS** via email, phone, social media and in person.
- ✦ Attend all scheduled appointments or notify the **TRIO SSS** Office if rescheduling is needed.
- ✦ Inform **TRIO SSS** of any changes in an address, phone number, or email.

ANNUALLY:

- ✦ Complete a Free Application for Federal Student Aid (FAFSA) by the deadline.
- ✦ Complete Handshake and a Resume with the Career Office, and review and modify when needed.
- ✦ Complete a Scholarship Application.

ONCE:

- ✦ Participate in an exit interview before graduating, transferring, or leaving Voorhees.

STATEMENT OF AGREEMENT AND CONSENT:

- ✦ I authorize the TRIO Student Support Services Program (TRIO SSSP) at Voorhees University to review my admissions application, placement scores, academic record, demographic information, financial aid reports, transcripts, and grade point average to determine my eligibility, and provide me with services which will contribute to my success at Voorhees.
- ✦ I understand that data collected, plus the information I provide on this document will remain confidential and will be used for grant reporting to the United States Department of Education.
- ✦ I grant permission to the TRIO SSSP staff to contact me for consultation, guidance and/or discussion; to request and share any confidential pertinent reports/other documents relating to me with my parents, guardians, faculty, staff, or other appropriate individuals regarding my academic/social progress whenever deemed appropriate (if applicable) and/or to publish my achievements, awards, accomplishments in newsletters or other media. I further grant permission to the TRIO SSSP staff to release, for education purposes, photographs, and video recordings, with or without audio, of TRIO SSS activities and projects in which I am involved
- ✦ I authorize TRIO SSSP to obtain tracking information for required reporting to the United States Department of Education from the national Student clearinghouse Tracker Service. I authorize TRIO SSSP to send text messages to the cellular phone number maintained on record with the program.
- ✦ I authorize photographs taken related to the program, papers written during the program, and similar items may be used by TRIO SSSP in reports and public information materials.
- ✦ Permission is granted to TRIO SSSP to monitor my academic progress; to obtain and/or release copies of any reports and/or other pertinent documents regarding me as needed, to develop, update my academic and/or career plan(s), to track my progress toward degree completion and to document my participation in the program for reporting purposes to the U.S. Department of Education.
- ✦ I understand that the TRIO SSS Staff may contact me periodically, before and after I have exited the program to follow up on my progress towards my educational goals and for alumni opportunities.
- ✦ By affixing/typing my signature on this TRIO Student Support Services Program Application signifies that I agree under penalty of perjury, that the above information is true and correct, and that all supplemental materials submitted verifying my program eligibility are genuine. Upon verification of your information, you will receive a letter confirming your acceptance into the program.

Student's Name _____ Signature _____ Date _____
First Middle Last

TRIO SSSP Counselor's Signature (Interviewer) _____ Date _____

TRIO SSS Program Director's Signature _____ Date _____

TRIO SSS Program Participant should receive a copy of this agreement