



Morehead State University Student Support Services Application

STUDENT INFORMATION

Last Name _____ First _____ Middle _____

MSU ID _____ Date of Birth _____ / _____ / _____ Gender MALE FEMALE

Home Address _____

City _____ State _____ ZIP _____

County _____ Cell Phone _____ Home Phone _____

Do You Plan to Live on Campus? Or Commute?

Do You Want to Live in the **SSS Living Learning Community (LLC)** in Mignon Tower? YES NO

Ethnicity (indicate all that apply): **Hispanic or Latino** **Black or African-American**
 American Indian or Alaskan Native **White**
 Asian **Native Hawaiian or other Pacific Islander**

ELIGIBILITY

Did Your Mother **Graduate** from College with a **4-Year, Bachelors' Degree**? YES NO

Did Your Father **Graduate** from College with a **4-Year, Bachelors' Degree**? YES NO

Are You a U.S. Citizen? YES NO Do You Have a Documented Disability? YES NO

TRIO Programs You Have Participated in: **Upward Bound** **Talent Search** **GEAR UP**
 Educational Opportunity Center **Student Support Services** If SSS, Where? _____

EDUCATIONAL INFORMATION

Have you registered for **SOAR** at MSU? YES NO If YES, Date Attending _____ / _____ / _____

College Level Freshman Sophomore Junior Senior

Degree Program Bachelors' Degree (4-year) Or Associates' Degree (2-year)

Major of Study _____

Have You Attended College Elsewhere? YES NO If YES, Where? _____

Date of High School Graduation _____ / _____ / _____ Or Received GED

Name of High School Attended _____

FINANCIAL INFORMATION

Number in Household: _____ Our Family's **Taxable Income*** \$ _____

Student's **Taxable Income*** \$ _____ My Family **DID NOT** File Income Taxes

Parent/Guardian Signature _____ **Date** _____ / _____ / _____
(to verify income)

*Please Submit Your Family's Most Recent Income Tax Return, Showing **Taxable Income** .
 For Form 1040 this is Line 43; For Form 1040A this is Line 27; For Form 1040EZ this is Line 6.

PLEASE CONTINUE ON THE BACK OF THIS FORM



Morehead State University
Student Support Services Application (cont'd)

AUTHORIZATION

I authorize the SSS Program to obtain, copy, review, and discuss records including:

- High School Transcript
Transcripts from Other Colleges
Financial Aid Records
Standardized Test Scores
Course Registration for Each Semester
Academic Progress
Final Grades and Transcripts
Disability Documentation

I authorize use of my name and photograph to be published in Student Support Services' publications. I also certify that all of the above information is correct. Completion of the application does not guarantee acceptance into the program.

Student Signature

Date ____/____/____

STUDENT SUPPORT SERVICES
Morehead State University
205 Allie Young Hall
150 University Blvd., BOX 1238
Morehead, KY 40351

OFFICE USE ONLY

Counselor Assigned Welcome Letter Sent On ____/____/____

Program Entry Date ____/____/____ By:

Date of First Service ____/____/____

Cohort Year ____ - ____ Income Received []

Program Entry Level: [] First Year, Never Attended

[] First Year, Attended Before

[] Second Year, Sophomore

[] Third Year, Junior

[] Fourth Year, Senior

Institution Entry Date ____/____/____

Signature of Project Director Date ____/____/____

Date of Last Service ____/____/____ Reason:

Comments