

University of Louisiana at Lafayette

Student Support Services Program Application

All information you provide will be held in confidence. Please complete the entire application accurately.
Specific information will be used to determine eligibility in specific programs.

1. NAME _____ (last) _____ (first) _____ (mi) CLID: _____



2. ADDRESS: _____ HOME PHONE: _____

CELL: _____

3. AGE: STATUS: Single Married GENDER: Male Female


4. RACE/ETHNICITY: American Indian or Alaskan Native Asian Black or African-American
 Hispanic or Latino White Native Hawaiian or Pacific Islander

5. Full name of guardian if not living with parents: _____ DATE OF BIRTH: _____

6.  U.S. CITIZEN? Yes No  VETERAN? Yes No

7. What is your college major? _____

8. I am filling out this application to obtain assistance in the following areas listed below (please check all that apply).

- | | |
|--|--|
|  <ul style="list-style-type: none"> <input type="checkbox"/> Choosing a Major/Career Counseling <input type="checkbox"/> Financial Aid: grants, loans, scholarships <input type="checkbox"/> Tutoring/Study/Computer Lab <input type="checkbox"/> Academic Counseling <input type="checkbox"/> Health Problems | <ul style="list-style-type: none"> <input type="checkbox"/> Personal/Family Counseling <input type="checkbox"/> Improving Study Skills <input type="checkbox"/> University Policies and Procedures <input type="checkbox"/> Getting a Job: on-campus, summer, etc. <input type="checkbox"/> Other _____ |
|--|--|

9. Family background information – It is necessary that you answer ALL questions below (if unknown, write unknown).

FAMILY BACKGROUND	MOTHER	FATHER
What is your parent's name?		
What is his/her occupation?		
Did he/she attend college?		
Did he/she receive a <u>bachelor's</u> degree? (IMPORTANT - Please do not leave blank.)		
Language(s) spoken at home...		

10. High School Attended: _____ GPA: _____ Year Graduated: _____

11. While attending high school, I participated in: TALENT SEARCH: Yes No UPWARD BOUND: Yes No

12. First semester and year enrolled at UL: FALL SPRING SUMMER  YEAR: _____

13. Current Enrollment: Full-time Part-time

14. (optional) Do you have a documented disability? Yes No

15. Classification: FRESHMAN SOPHOMORE JUNIOR SENIOR

I declare that the information reported on this application to the best of my knowledge and belief is true, correct and complete. The University of Louisiana at Lafayette and the U.S. Office of Education have my permission to verify the information reported. This includes a copy of my parents' or my Federal Income Tax Return or any other documentation for admission into this program. I also agree to furnish this documentation if requested.

Applicant's Signature (required): _____ Date: _____/_____/_____

Parent's Signature (required): _____ Date: _____/_____/_____