# University of Louisiana at Lafayette

***Student Support Services for STEM Majors - Program Application***

**Note: All information you provide will be held in confidence. Please complete the entire application accurately.**

## STEM Major: _____

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

**2. ADDRESS:** _____ **PHONE:** _____

**3. AGE:** _____ **GENDER:** ☐ Male ☐ Female **STATUS:** ☐ Single ☐ Married **CELL PHONE:** _____

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

TRIO Providing Hope & Opportunity

- ☐ Choosing a Major/Career Counseling
- ☐ Financial Aid: grants, loans, scholarships
- ☐ Tutoring/Study/Computer Lab
- ☐ Academic Counseling
- ☐ Health Problems
- ☐ Personal/Family Counseling
- ☐ Improving Study Skills
- ☐ University Policies and Procedures
- ☐ Getting a Job: on-campus, summer, etc.
- ☐ Other _____

**8. 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 bachelor's degree? (important: needed to determine eligibility) | | |
| Language(s) spoken at home… | | |

**9. High School Attended:** _____ **HS GPA:** _____ **Year Graduated:** _____ **ACT Score:** _____

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

**11. First semester and year enrolled at UL:** ☐ FALL ☐ SPRING ☐ SUMMER **YEAR:** _____

**12. College Major:** _____ **Current Enrollment:** ☐ Full-time ☐ Part-time

**13. 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:** _____/_____/_____