



Student Support Services
Old Dominion University
Norfolk, VA 23529



Dear Student:

We invite you to apply for enrollment in Student Support Services (SSS). Tutoring, academic skills workshops, cultural enrichment activities, and many other activities are available to SSS students.

Please complete the form and submit the required documents. If your parents/legal guardians claim you as a dependent on their income tax return, have them assist you with completing the forms. If you have any questions, please contact us at (757) 683-3582, Monday through Friday, 8:00 a.m. - 5:00 p.m. or visit our home page at <http://www.odu.edu/sss>.

Sincerely,
Mrs. Jacqueline F. Hines
Director

STUDENT SUPPORT SERVICES (SSS) APPLICATION

Academic Year: _____ Fall _____ Spring _____ Major: _____

Social Security Number: _____ Transfer Student: Yes _____ No _____

Name: _____
Last First Middle Initial

Permanent Home Address: _____
Number and Street

_____ *City State Zip Code*

Permanent Home Phone #: () _____ Date of Birth: _____

Sex: M _____ F _____ Veteran: Yes _____ No _____

Are you a U.S. Citizen? Yes _____ No _____ If "No", are you a permanent resident of the U.S.? Yes _____ No _____

Do you have a physical or learning disability? Yes _____ No _____ *(One of the eligibility criteria)*

Name of mother or legal guardian: _____
(If not living, write deceased)

Address: _____

Phone: () _____ Occupation of mother or legal guardian: _____

Indicate if your mother or legal guardian has/had a four-year college degree: Yes _____ No _____
(Complete even if parent/legal guardian is deceased)

Name of father or legal guardian: _____
(If not living, write deceased)

Address: _____

Phone: () _____ Occupation of father or legal guardian: _____

Indicate if your father or legal guardian has/had a four-year college degree: Yes _____ No _____
(Complete even if parent/legal guardian is deceased)

With whom do you reside when not in school? Mother _____ Father _____ Both Parents _____ Legal Guardian(s) _____

Indicate your academic need for services provided by SSS:

PREVIOUS PARTICIPATION IN TRIO PROGRAMS

Upward Bound _____ Talent Search _____ Ronald E. McNair _____
Student Support Services _____ Educational Opportunity Center _____

If you have participated in a TRIO program, indicate location

FINANCIAL AID NEEDS ASSESSMENT _____ AWARD YEAR

Dependent Student: Your parent(s)/legal guardian(s) claimed you as a dependent for the: _____ tax year.

Independent Student: Your parent(s)/legal guardian(s) did not claim you as a dependent for the: _____ tax year.

(Check one) Dependent Student _____ Independent Student _____

- 1. Did you apply for Financial Aid? Yes _____ No _____
- 2. If no, briefly indicate reasons why you did not apply?

3. Will earnings from summer or academic year employment be used to meet educational expenses?
Yes ___ No ___

4. Please indicate other sources of aid received or you will receive for the current academic year
(e.g. summer earnings, parental or other family member contributions, scholarships, loans)

5. Where will you reside while enrolled this academic year? On campus _____ Off campus _____

I /We certify that the information included on this application is correct to the best of my/our knowledge. Signatures below also give the Student Support Services staff permission to review and/or secure a copy of my financial aid and academic information. The staff also has permission to review other pertinent information needed to verify eligibility, assess academic needs, and monitor my academic performance and retention at the University.

The parent/legal guardian must sign this application if the applicant is a dependent.

Dependent Student Only-Indicate if the staff has permission to release any academic information to your parent(s)/legal guardian(s) Yes_____ No_____

Parent/Legal Guardian of Dependent Student -My son/daughter has permission to participate in SSS sponsored activities while enrolled at the University. Yes_____ No _____

Signature of Student

Date

Signature of Parent/Legal Guardian

Date

STUDENT SUPPORT SERVICES ELIGIBILITY CRITERIA

Low-Income/First Generation College Student

*First Generation College Student Only

Low-Income Student Only

Student with a Disability - Low-Income

*Student with a Disability - High Income

*(Number of spaces available will be determined each year)

DOCUMENTS NEEDED TO PROCESS THE APPLICATION

A. Student Support Services Application *(All applicants)*

B. Income Verification *(All applicants)*

Dependent Student - Copy of _____ income tax form of parent(s)/legal guardian(s), a written statement or other document indicating taxable or non taxable income and number of dependents claimed for specified tax year.

Independent Student - Copy of _____ income tax form of applicant a written statement or other document indicating taxable or non-taxable income and number of dependents claimed for specified tax year.

C. Verification Of Disability - *(Applicant with a disability only)*

The above documents should be returned to:

Student Support Services
Old Dominion University
1500 West 48th Street
122 Academic Skills Center
Norfolk, VA 23529-0068