



# Student Support Services

## Midwestern State University – Wichita Falls, TX

### Application: 2020-2021 Cohort



To determine eligibility, please complete this form. The information you provide is strictly confidential. This information is required because this is a federally funded program, and students who wish to participate must meet requirements. ***Please print.***

Name \_\_\_\_\_  
First M.I. Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Student ID # M \_\_\_\_\_

Local Address \_\_\_\_\_  
Street City State ZIP Code

Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ 2nd Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ E-Mail \_\_\_\_\_

Name of Parent/Guardian(s) \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State ZIP Code

Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ 2nd Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ E-Mail \_\_\_\_\_

### Academic Information

Entry Date to MSU \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_ Classification \_\_\_\_\_  
Freshman/Sophomore/Junior/Senior

Entry Date to College (if elsewhere) \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment Status (*please circle*) Full-time Part-time Less-than-Part-time

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_ Cumulative GPA \_\_\_\_ / 4.00

Are you a transfer student?  Yes  No If yes, from where? \_\_\_\_\_

Did you pass all portions of the TSI test?

- Yes
- No

If not, which TSI section(s) did you not pass?

- Math
- Reading
- Writing

Have/Were you required to enroll in Remedial Coursework?

- Yes
- No

Are you currently on scholastic probation?

- Yes
- No

### Financial Aid/Income Information

Have you completed the FAFSA for the 2019-2020 Year?

- Yes
- No

No

Number of members in the household (including yourself):  
 \_\_\_\_\_ (please provide a numerical value)

**Please provide a copy of both your parents' and your most recent IRS 1040 Income Tax Forms**

Do parents claim you as an exemption on their tax return?

- Yes
- No

What type of financial aid are you receiving?

- Pell Grant
- Work Study
- Scholarship
- Loan
- Other \_\_\_\_\_
- None

Do you have children you provide care for  $\geq$  50% of the time?

- Yes

## Previous Grant-Program Participation

If you previously participated in another TRIO / other federally-funded program, please check which one(s):

- |                                                          |                                                                    |
|----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Educational Talent Search (ETS) | <input type="checkbox"/> Educational Opportunity Center (EOC)      |
| <input type="checkbox"/> Upward Bound                    | <input type="checkbox"/> College Assistance Migrant Program (CAMP) |
| <input type="checkbox"/> Upward Bound Math/Science       | <input type="checkbox"/> High school Equivalency Program (HEP)     |
| <input type="checkbox"/> Student Support Services        | <input type="checkbox"/> Other _____                               |

## Demographic Information

### Ethnic Identity

- American Indian / Alaskan Native
- Hispanic or Latino
- Asian
- Black / African American
- Native Hawaiian / Pacific Islander
- Caucasian
- I'd Prefer not to Respond / I Don't Know

Place of Birth \_\_\_\_\_

### Are You a U.S. Citizen?

- Yes
- No

If you are an eligible non-citizen, provide the following:

A \_\_\_\_\_

### Marital Status

- Single
- Married
- Divorced
- Widowed

### Gender

- Male
- Female

## Parent'(s)/Guardian'(s) Highest Level of Education

### Father's Education:

- Less than high school
- GED
- High school Diploma
- Some college
- Associate's Degree/Certification
- 4-Year College Degree
- Graduate degree

### Mother's Education:

- Less than high school
- GED
- High school Diploma
- Some college
- Associate's Degree/Certification
- 4-Year College Degree
- Graduate degree

## Disability Verification

Do you have a documented disability?

- Yes
- No

Can/will you provide Documentation of a disability?

- Yes
- No

Have you been diagnosed as having a learning disability?

- Yes
- No

Are you registered with MSU's Disability Support Services?

- Yes
- No

Have you been diagnosed with a physical disability?

- Yes
- No

Are you currently a Consumer of DARS?

- Yes
- No

## Academic and Career Education Plan

Please check which services you would like to receive from SSS

### Counseling

- Monitoring academic progress
- One-on-one academic counseling with SSS staff
- Student Support Services Mentor
- Assistance with scholarship search and applications
- Cultural Educational Trips
- SSS Mixers / Events

### Tutoring

- Reading
  - Math
  - Writing
  - Assistance with other coursework
- Course name(s): \_\_\_\_\_

How else can we help?

\_\_\_\_\_

\_\_\_\_\_

## Workshops

Please check the workshops in which you are interested in participating

- Taking Good Notes
- Time Management
- Study Skills
- Computer Skills

- Peer/Social Relationships
- Budgeting for College Life
- Stress Management
- Test Anxiety

- Graduate School
- Surfing the Net
- Study Abroad
- Other \_\_\_\_\_

## Academic Needs Assessment

### Educational Motivation

Please Check true or false for the following questions

- I know how to take good notes in class. \_\_\_T \_\_\_F
- I spend two hours studying for every hour I am in class. \_\_\_T \_\_\_F
- I study in the library on a regular basis. \_\_\_T \_\_\_F
- I study at home. \_\_\_T \_\_\_F
- I must have quiet when I study. \_\_\_T \_\_\_F
- I read my textbooks. \_\_\_T \_\_\_F
- I prepare for class ahead of time. \_\_\_T \_\_\_F
- I read over my notes after class. \_\_\_T \_\_\_F
- I finish assignments on time. \_\_\_T \_\_\_F
- I have set a goal to do well in college. \_\_\_T \_\_\_F
- I accept responsibility for doing well in college. \_\_\_T \_\_\_F
- It is up to my instructors whether or not I will learn in class. \_\_\_T \_\_\_F
- Good grades are a matter of luck and timing. \_\_\_T \_\_\_F
- When a subject is difficult for me, I study the easy parts. \_\_\_T \_\_\_F
- I frequently wonder if school is really worthwhile for me. \_\_\_T \_\_\_F

Mark the box next to the statements that apply to you

- I have trouble reading college-level textbooks
- I have trouble taking notes from lectures
- I would like to improve my grammar
- I am uncomfortable asking questions in class
- I learn best by actually doing something
- I learn best by listening to explanations
- I learn best by watching something being done
- I am able to research and organize a term paper
- I have difficulty writing papers
- I know when it is time to get help in a class
- I am uncomfortable asking for tutoring
- I usually get someone to help me with my classes
- I understand what I read
- I would like to increase my vocabulary
- I have math anxiety
- I have test anxiety
- I use a calendar to keep track of exams and quizzes
- I read my syllabus for each class
- I have difficulty concentrating

## CONTRACT

I understand that I will be assigned either a counselor or a peer mentor and will have use of the computer lab, and may receive tutoring, counseling, study skills help, academic pre-advising, peer support, and various support workshops. I am aware that I am required to complete an updated form each semester to ensure my file remains current and to determine the nature of the services I need.

*I understand that I will meet with a Student Support Services staff member a minimum of two times during each semester, and I will obtain tutoring should my grade(s) fall below a C Average. If I am on academic probation, I agree to have contact with Student Support Services at least two times a month in order to develop a plan to improve my academic standing.*

I hereby give permission for Student Support Services staff to disclose and receive information concerning the nature of my Student Support Services eligibility and information concerning my academic progress on an as-needed basis with appropriate faculty and staff at Midwestern State University. I also give SSS staff permission to view and receive any and all financial aid information from the Financial Aid Office.

My signature verifies that I have read and understood this contract, and that the information I have provided on this application is true and accurate to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_