

# Student Support Services

## *Participant Application*

**Important:** For your application to be complete you must attach the following: **a Participant Contract and a Self-Assessment Packet.**

### I. General Information

Name \_\_\_\_\_ UTC ID \_\_\_\_\_  
First/Middle/Last

Local Address \_\_\_\_\_  
Street/Apt# City State Zip

Cell Phone# \_\_\_\_\_ Graduation Date \_\_\_\_\_

### II. Academic/Enrollment Status

College level (check one) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / Major \_\_\_\_\_  
(Fr) (So) (Jr) (Sr)

#### Check all that apply:

- First semester freshman: ACT/SAT score \_\_\_\_\_ High school GPA \_\_\_\_\_  
 First semester transfer student  Current student: GPA \_\_\_\_\_  
 Good academic standing  Probation  Readmitted  Financial suspension

Enrollment status:  Full time (12+ credits)  Part-time (<12 credits)

Initial enrollment at UTC (semester & year) \_\_\_\_\_

### III. Equal Opportunity Admission

Student Support Services is committed to serving underrepresented students seeking support and we encourage applications from persons of diverse backgrounds. The following information is only used for statistical research.

#### Ethnicity (check all that apply)

- Hispanic  American Indian/Alaskan  Asian  
 African American  White  Hawaiian

#### Gender

- Male  
 Female

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

(over)

### IV. Eligibility Information

1. Are you a U.S. citizen or permanent legal resident?     Yes    No
2. Are you receiving services from the Disability Resource Center?  Yes    No  
If yes, mark any of the following that apply to you:  
 Learning Disability    Physical Disability
3. Did your parent (s) receive a four year college degree?    \_\_\_\_Yes    \_\_\_\_No
4. Are you receiving financial aid?     Yes    No (If yes, skip questions 5 & 6)
5. What is your total family annual taxable income? \$ \_\_\_\_\_
6. What is the number of family members at home (including you)? \_\_\_\_\_

**V. How did you learn about Student Support Services?**

- Other TRIO program     website     UTC staff/faculty     other student
- referral from \_\_\_\_\_

**VI. Comments**

Additional information you wish to share that may help us help you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. Verification and Release Authorizations**

I certify that the information contained in this application is true and complete to the best of my knowledge. Further, I authorize Student Support Services (SSS) to have access to my academic and financial records for program purposes. I request that none of my personally identification information be released to anyone other than the SSS staff and the U.S. Department of Education without my written consent. I agree that the program has the right to use my name or photograph in conjunction with TRIO and SSS related activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to: Student Support Services**  
**216 Frist Hall, Dept. 4955**  
**615 McCallie Avenue**  
**Chattanooga, TN 37403-2598**  
**Phone: 423.425.5344    Fax: 423.425.2111**