TRiO
Student Support Services
Program
(Please Print)

Name: ___________________________________________ Banner ID (if known): ______________________

Did either parent receive a Bachelor’s Degree before your 18th birthday? [ ] YES  [ ] NO

College Major you have chosen: ____________________________ Career Goal: __________________________

Have you taken the COMPASS or ACT? [ ] YES  [ ] NO

Future Academic Plan: [ ] Bachelors  [ ] Associate  [ ] Certificate  [ ] Other

Do you have a documented physical disability? [ ] YES  [ ] NO

Do you have a documented learning disability? [ ] YES  [ ] NO

Will you require accommodations due to a disability? [ ] YES  [ ] NO

TRiO/SSS is a federally funded program designed to give assistance to freshmen and sophomore students who meet income guidelines, are first generation, and/or have a documented disabilities. Below are some of the services that we offer to our students. Please check any of the following in which you feel you might need help.

[ ] Assistance with enrollment  [ ] Assistance applying for financial aid
[ ] Assistance choosing a major/career  [ ] Tutoring
[ ] Cultural experience or events  [ ] Develop better study skills
[ ] Assistance in applying to a bachelor’s program  [ ] Assistance adapting to college life

Please explain why you would like to participate in Lobo Academy:

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

This to certify that the above information is true and correct to the best of my knowledge. I give TRiO/Student Support Services my permission to receive copies of my education records and other materials necessary for participation in the Program. Furthermore, I understand that other further documentation of income may be needed and all my records will be kept in confidence in accordance with the Privacy Act of 1974. I also agree to allow my parent/guardian access to my academic record and performance information as it relates to Lobo Academy.

Student’s Signature: ___________________________ Date: ___________________________

TRiO/Student Support Services is 100% funded through a grant from the U.S Department of Education under the Higher Education Act of 1965.