



**University of Delaware
Student Support Services Program (SSSP)
Program Application**

Application Received: _____

Interview Date: ____/____/____

Interviewed By: _____

Eligible or Not Eligible: _____

Please print clearly

Name: _____

UDID: _____

Local Address: _____

UD Email: _____

City, State, Zip: _____

Cell Phone: _____

Ethnicity: _____

Self-Identify: ☐ Male ☐ Female ☐ Other

Are you a citizen or national of the United States? ☐ Y ☐ N

Birthdate: _____

Is English your first language? ☐ Y ☐ N

If no, please specify: _____

Who is your responsible guardian?

☐ Mother & Father

☐ Father only

☐ Independent

☐ Mother only

☐ Spouse

☐ Grandparent(s)

☐ Other: _____

Has either parent received a 4-year (Bachelor's) college degree? ☐ Y ☐ N

If yes, check the appropriate box:

☐ Father

☐ Mother

☐ Both

Have you ever participated in a TRIO Program? ☐ Y ☐ N

If yes, check the appropriate box: ☐ ETS ☐ McNair ☐ SSS ☐ UB ☐ UBMS ☐ VUB

Are you receiving financial aid? ☐ Y ☐ N Scholarships? ☐ Y ☐ N

If yes, please describe: _____

Will you have to work to pay for your college expenses? ☐ Y ☐ N If so, please explain:

Do you have a job while you are taking classes? ☐ Y ☐ N If yes, hours worked per week: _____

Major(s): _____ Minor(s): _____

Academic Advisor: _____

What are your career goals? _____

(over)

Were you referred to the SSSP? ☐ Y ☐ N If yes, by whom (one person limit) _____

Reason(s) for referral: _____

Briefly describe your reason(s) for applying to SSSP: _____

Which of the following services are of interest to you? (Check all that apply)

☐ General advising

☐ General counseling

☐ Study skills assistance

☐ Financial Literacy – Scholarships

☐ Tutoring

☐ Graduate School Exposure

☐ Career Exploration

☐ Mentoring

☐ Other (please specify): _____



Note, in addition to the completed SSSP Application,



a signed copy of parent/guardian federal tax forms (1040, 1040A or E-Z)

from the previous year must be included.

Tax forms are required with SSSP program participants.

Please sign:

Name

Date

Note: SSSP is an inclusive and supportive environment. For grant reporting purposes, we must ask your ethnicity and gender. These are in no shape, form or fashion, used against you in any way or limit services we provide.

Your signature certifies that the information furnished on this application is complete and correct.

Academic Check In Deadline Date(s):

Academic Coordinator:

Academic Need:

Cum GPA:

Eligibility: