



HAMPTON UNIVERSITY
HAMPTON, VA 23668

APPLICATION FOR ADMISSION TO THE STUDENT SUPPORT SERVICES PROGRAM

STUDENT
SUPPORT
SERVICES

ACADEMIC YEAR _____ - _____ DATE _____

CLASSIFICATION: Freshman Sophomore Junior Senior SEMESTER: Fall Spring

NAME _____ HUID # _____
LAST FIRST M.I.

MAJOR _____

PERMANENT HOME ADDRESS _____
NUMBER AND STREET

CITY STATE ZIP CODE

LOCAL ADDRESS _____
NUMBER AND STREET

CITY STATE ZIP CODE

PERMANENT HOME PHONE (____) _____ LOCAL PHONE (____) _____

DATE OF BIRTH _____ SEX M F

ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? YES NO

IF NO, SPECIFY: _____ RACE _____
(FOR STATISTICAL PURPOSES ONLY)

VETERAN Yes No MARITAL STATUS Single Married Divorced Widowed

DO YOU HAVE A PHYSICAL OR LEARNING DISABILITY? YES NO

IF YES, DESCRIBE: _____

NAME OF MOTHER OR LEGAL FEMALE GUARDIAN _____
(IF NOT LIVING, WRITE DECEASED)

ADDRESS _____

PHONE (____) _____

DID YOUR MOTHER/LEGAL FEMALE GUARDIAN GRADUATE FROM A FOUR-YEAR UNIVERSITY? YES NO

OCCUPATION OF MOTHER OR LEGAL FEMALE GUARDIAN _____

NAME OF FATHER OR LEGAL MALE GUARDIAN _____
(IF NOT LIVING, WRITE DECEASED)

ADDRESS _____

PHONE (____) _____

DID YOUR FATHER OR LEGAL MALE GUARDIAN GRADUATE FROM A FOUR-YEAR UNIVERSITY? YES NO

OCCUPATION OF FATHER OR LEGAL MALE GUARDIAN _____

WITH WHOM DO YOU RESIDE WHEN NOT AT SCHOOL? MOTHER FATHER LEGAL GUARDIAN

PREVIOUS PARTICIPATION IN TRIO PROGRAMS

UPWARD BOUND SCHOOL _____

TALENT SEARCH SCHOOL _____

EDUCATIONAL OPPORTUNITY CENTER

OTHER _____

FINANCIAL ELIGIBILITY

PLEASE PLACE AN (X) IN THE APPROPRIATE BOXES.

DEPENDENT STUDENT

INDEPENDENT STUDENT

OTHER THAN YOURSELF, HOW MANY PERSONS LIVE IN YOUR HOUSEHOLD? _____

DID YOU APPLY FOR FINANCIAL AID FOR THIS ACADEMIC YEAR? YES NO

DID YOU RECEIVE FINANCIAL AID (INCLUDING LOANS) OF ANY TYPE THIS ACADEMIC YEAR? YES NO

IF YOU ARE NOT RECEIVING ANY FINANCIAL AID, PLEASE INDICATE REASON(S): _____

ARE YOU EMPLOYED? Yes No

I CERTIFY THAT THE INFORMATION INCLUDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

STUDENT'S SIGNATURE _____ DATE _____

IF YOU ARE A DEPENDENT STUDENT, PLEASE HAVE YOUR PARENT/GUARDIAN SIGN BELOW.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____



STUDENT
SUPPORT
SERVICES

**HAMPTON UNIVERSITY
STUDENT SUPPORT SERVICES PROGRAM**

DOCUMENTS NEEDED TO PROCESS THE APPLICATION

DEPENDENT STUDENT: Your parents/guardians claim you as a dependent on their 1040 or 1040A income tax form.

INDEPENDENT STUDENT: Your parents/guardians *do not* claim you as a dependent on their 1040 or 1040A income tax form.

- STUDENT SUPPORT SERVICES APPLICATION** (Dependent and Independent Students)
- PROGRAM PARTICIPATION/INFORMATION RELEASE FORM** (Dependent and Independent Students)
- COPY OF PARENT'S/GUARDIAN'S 1040 OR 1040A INCOME TAX FORM** (Dependent Students only)
- COPY OF APPLICANT'S 1040 OR 1040A INCOME TAX FORM** (Independent Students only)
- A WRITTEN STATEMENT INDICATING TAXABLE OR NON-TAXABLE INCOME** and the number of persons supported by family income if a 1040 or 1040A income tax form is not filed.
- VERIFICATION OF DISABILITY** (physically and learning challenged students) if applicable. Documented verification may include test results, written medical or psychological reports, and suggested accommodations no more than three years old. Students seeking acceptance in the SSS program based on a disability must submit appropriate documentation to the University's Section 504 Compliance Office:

Room 212 Wigwam
Hampton University
Hampton, VA 23666

PLEASE NOTE: Your application cannot be processed until **ALL** required documents have been received.

If you have any questions concerning this application, please call (757) 727-5611. The completed application and other requested documents should be returned to:

Student Support Services Program
101 Armstrong Slater
Hampton University
P.O. Box 6212
Hampton, VA 23668

FOR OFFICE USE ONLY

INTERVIEWER'S COMMENTS:

DEPENDENT STUDENT

PARENT'S TAXABLE/NON-TAXABLE INCOME FOR LAST YEAR \$ _____ NUMBER OF DEPENDENTS _____

INDEPENDENT STUDENT

APPLICANT'S TAXABLE/NON-TAXABLE INCOME FOR LAST YEAR \$ _____ NUMBER OF DEPENDENTS _____

ACCEPTED DATE _____

REJECTED DATE _____

BASIS FOR ACCEPTANCE

- LOW INCOME, FIRST GENERATION (1)
- LOW INCOME ONLY (2)
- FIRST GENERATION ONLY (3)
- DISABILITY ONLY (4)
- DISABILITY AND LOW INCOME (5)

REASON FOR REJECTION

- DOES NOT MEET ELIGIBILITY REQUIREMENTS

SIGNATURE OF DIRECTOR

DATE