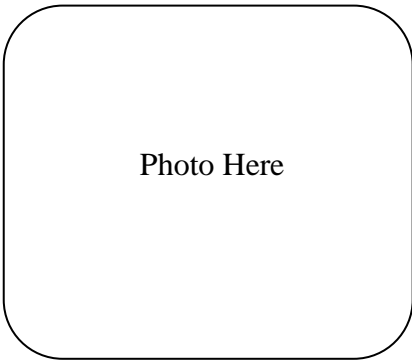




University of Hawai'i at Hilo  
 Division of Student Affairs  
**STUDENT SUPPORT SERVICES PROGRAM  
 APPLICATION FORM**



*This application will determine whether you are eligible to receive services provided by the Student Support Services Program (SSSP). This information will be kept CONFIDENTIAL. This application may be submitted electronically: hilo.hawaii.edu/studentaffairs/sssp/apply/*

Have you applied to this program before? Yes \_\_\_ No \_\_\_ How did you hear about SSSP? \_\_\_\_\_

1. Name \_\_\_\_\_ UHH Student ID \_\_\_\_\_  
                     First                      M.I.                      Last

2. Local Address \_\_\_\_\_  
   street/box no.    city    state    zip

Telephone \_\_\_\_\_

3. Numbers: Residence \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Best way to

4. Address: \_\_\_\_\_ contact you: \_\_\_\_\_

5. Permanent Home Address \_\_\_\_\_  
   street/box no.    city    state    zip

6. Gender: M \_\_\_ F \_\_\_      7. Marital Status \_\_\_\_\_      8. No. of Children \_\_\_ under 18 \_\_\_\_\_

9. Citizenship: U.S. \_\_\_\_\_ Permanent Resident \_\_\_\_\_ FSM \_\_\_\_\_ Marshall Is. \_\_\_\_\_ Palau \_\_\_\_\_

American Samoa \_\_\_\_\_ Other (specify) \_\_\_\_\_

10. Ethnic Background (*This is optional, but it will assist us in identifying scholarships or other programs you may be eligible for.*)

11. Are you Hispanic? (*Cuban, Mexican, Puerto Rican, South or Central American or other Spanish*) Yes \_\_\_ No \_\_\_

12. What is your first language? \_\_\_\_\_

13. If English is your second language, have you taken the UH Hilo English Proficiency Test? Yes \_\_\_ No \_\_\_

14. List any postsecondary institutions attended (other than UH Hilo), if any, and the high school from which you graduated:

<u>Institution</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Major</u>	<u>Degree</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Return to Student Services Center, Second Floor or mail to:  
 SSSP, UH Hilo, 200 W. Kawili St., Hilo, HI 96720-4091

15. Current Class Standing: Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Unclassified \_\_\_
16. First-time Freshman \_\_\_ Continuing \_\_\_ Transfer \_\_\_ Returning (after a break) \_\_\_
17. Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_
18. Full-time or Part-time \_\_\_\_\_
19. Name of Academic Advisor (if known) \_\_\_\_\_
20. Veteran? Yes \_\_\_ No \_\_\_ If yes, are you receiving Veterans Chapter 31/Voc. Rehab. Services? \_\_\_  
Yes \_\_\_ No \_\_\_

**ELIGIBILITY CRITERIA:**

21. Income data to determine low-income eligibility:

Have you applied for financial aid at UH Hilo?

\_\_\_ Yes. If yes, income data will be obtained from the Financial Aid Office.

*(Note: You will be asked to sign a release form giving SSSP consent to access these records. If your application is incomplete, you may be required to submit other documents to prove low-income eligibility.)*

\_\_\_ No. If no, to be eligible for program services as a low-income student you will be required to provide financial information such as a tax return to determine eligibility.

22. Family background information to determine first generation eligibility:

Did your father earn a bachelor's degree from college? Yes \_\_\_ No \_\_\_

Did your mother earn a bachelor's degree from college? Yes \_\_\_ No \_\_\_

23. Disability verification:

(a) Do you have a disability?

No \_\_\_ If no, please go to the next page.

Yes \_\_\_ If yes, check the appropriate box(es):

Hearing \_\_\_ Mobility \_\_\_ Visual \_\_\_ Orthopedic \_\_\_ Learning \_\_\_ Psychological \_\_\_

Health-related \_\_\_ Other (specify) \_\_\_\_\_

(b) Were you in a resource classroom in high school or elementary school? Yes \_\_\_ No \_\_\_

(c) Are you requesting accommodations for the disability? Yes \_\_\_ No \_\_\_

(d) The above disability has been documented by \_\_\_\_\_

on \_\_\_\_\_. Please attach a copy of documentation.

PERSONAL STATEMENT

1. What has been the most outstanding accomplishment in your life?

2. What are your academic and career goals?

3. How can SSSP assist you in accomplishing your goals?

*I hereby certify that the information provided is true to the best of my knowledge.*

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Signature

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Date

PHOTO RELEASE

I consent to have photographs of myself or photos that contain a partial image of me to be used in relation to Student Support Services Program publications, websites, displays or printed programmatic material. The sole purpose of this use would be for educational purposes in publicizing the program.

I understand that the SSSP will retain all master negatives, prints, audio/video, analog/digital files/ diskettes and/or portions which may be used for broadcasting, re-broadcasting, cablecasting, direct exhibition, print media, internet, cybermedia formats and other subsidiary purposes, without being limited to use in any media for purposes of publicizing, promoting, and distributing of information for and by the Student Support Service Program.

I understand and accept the above uses, including the copyrighting of any material, to promote the services and related educational programs of Student Support Services and I hereby, for myself, heirs, or agents, release and forever discharge from any claims for any payment for my submitted materials in their productions. I indemnify the University of Hawai'i at Hilo personnel, the State of Hawai'i, and any persons affiliated directly or indirectly with the above presentation or uses with respect to any claims made by me. I understand that no portion of my materials shall be copyrighted, used, or licensed by others for similar or conflicting purposes.

\_\_\_\_\_ I agree to these conditions

\_\_\_\_\_ I decline these conditions

I, (the undersigned), give my assurance that I am free to lawfully grant these rights set forth above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CONTACT CONSENT (*Please initial your choice*)

\_\_\_\_\_ Yes, I consent to being contacted at my classroom or while on the campus grounds. I further allow the SSSP staff to communicate with me via email or by calling me at my home \_\_\_\_\_, work \_\_\_\_\_, or cell phone \_\_\_\_\_.

\_\_\_\_\_ No, I prefer not to be contacted at my classroom or while on the campus grounds. I prefer to be contacted either at this email address \_\_\_\_\_ or at this phone number \_\_\_\_\_.