

# Eligibility Application Form

**Applicant Information**

Full, Legal Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ <sup>(3)</sup>Social Security Number: \_\_\_\_\_

<sup>(4)</sup>Last                      <sup>(5)</sup>First                      <sup>(6)</sup>Middle

Preferred Name: \_\_\_\_\_

Last                      First

Address: \_\_\_\_\_

Street Address (or PO Box)                      City                      State                      ZIP Code

Alternative Address: \_\_\_\_\_

Street Address (or PO Box)                      City                      State                      ZIP Code

Contacts: \_\_\_\_\_

Home Phone                      Cell Phone                      Work Phone                      Preferred E-mail Address

Preferred Method of Contact: Home Phone  Cell Phone  Email

Are you a first-time freshman at UAF? YES  NO

*If "yes," you may qualify for our Emerging Scholar's Academy! See page 4 for details.*

**<sup>(15)</sup>Eligibility Information**

<b>U.S. Citizenship</b>	Citizen <input type="checkbox"/>	Permanent Resident (Green Card) <input type="checkbox"/>	<b>Are you admitted to a 4-year degree program?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Place of Birth:</b>			<b>What program are you admitted to?</b>		
<b>Are you enrolled or planning to enroll in at least 9 credit hours' worth of classes?</b>			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Are you a low income student?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Do you experience a documented learning or other disability?</b>	
Did you receive the Pell Grant?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Are you a first generation college student?</b> <small>A first-generation college student is defined as a student whose parent(s)/legal guardian(s) have not completed a bachelor's (4-year) degree.</small>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>If you selected "no" to the question above:</b> To better serve our student population, and to meet requirements as a federally funded program, we have partnered with Disability Services on campus to verify disability documentation. Please contact their office at (907) 474-5655 to coordinate verification. You may also email them at <a href="mailto:uaf-disability-services@alaska.edu">uaf-disability-services@alaska.edu</a> or visit their website at <a href="http://www.uaf.edu/disabilityservices">www.uaf.edu/disabilityservices</a> .	

**Demographic Information**

<b>Ethnicity:</b> <small>(select all that apply)</small>	American Indian/Alaskan Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Black or African American <input type="checkbox"/>	White/Caucasian <input type="checkbox"/>	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>		
<b>Are you Hispanic or Mexican American?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Class Standing:</b>	Freshman <input type="checkbox"/>	Sophomore <input type="checkbox"/>	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>
<b>Family Status</b>	Married <input type="checkbox"/>	Single Dependent <input type="checkbox"/>	Single Independent Head of Household <input type="checkbox"/>	<b>Where are you planning to live?</b>		Off campus <input type="checkbox"/>	On campus <input type="checkbox"/>
<b>Gender:</b>				<b>Preferred Pronouns:</b>			
<b>Date of Birth:</b>							

*I certify that the above information is true and correct.*

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

***What support do you hope to receive from Student Support Services?***

*You can include information about your background, educational goals, academic strengths and weaknesses, or any other matter that will help us understand how we can help you.*

UA is an AA/EO employer and educational institution and prohibits illegal discrimination against any individual: [www.alaska.edu/titleIXcompliance/nondiscrimination](http://www.alaska.edu/titleIXcompliance/nondiscrimination).

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Name:		Date:	
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## Student Self Assessment

**Please check everything that applies to you:**

- Attended high school with fewer than 100 in graduating class
- Limited legal rights or on probation or parole
- Out of academic pipeline for 5 or more years
- Working more than 20 hours a week
- Defaulted on federal student loan
- Single parent without a support system
- On public assistance
- Commute 20 miles or more a day
- Personal decisions interfere w/ education and/or career choices
- Homeless and/or unstable housing
- Aging out of foster care
- Other (specify): «Other»

***Please check any box that refers to a skill or item that you don't have or would like to improve.***

### Computer Skills

- Using basic software (Word, Excel)
- Using Blackboard classes
- Using Google Apps (email, calendar, etc.) or the internet
- Keyboarding
- Using graphing calculator
- Don't have reliable access to a computer or home internet

### Study Skills

- Time management and organization
- Test taking/preparation/anxiety
- Reading speed and comprehension impacting coursework
- Proofreading, and essay and research writing
- Using library resources
- Reading textbooks
- Note taking
- Math anxiety
- Writing anxiety
- Feel unprepared for math, science, and/or engineering courses

### Career Planning

- Choosing a career or major
- Resume & cover letter design
- Interviewing

- Applying for internships & job shadows
- Job Search
- Graduate or professional school selection & application process
- GRE Preparation

### Personal Assistance

- Personal Counseling
- Drug/alcohol counseling
- Coping with stress or anxiety
- Child care information
- Health Issues (Including Seasonal Affective Disorder, SAD)
- Disabilities accommodation

### Financial Aid Counseling

- FAFSA assistance (deadlines, technical support, PIN, etc.)
- Student Loan Default
- Consumer credit counseling
- Loan consolidation
- Loan repayment/forgiveness
- Financial aid verification
- Tax preparation
- Budgeting
- Scholarship essay writing & information

Name: \_\_\_\_\_

Date \_\_\_\_\_