

CREIGHTON UNIVERSITY

Student Support Services (SSS) Application Form

Please complete all questions by using ink to fill in all the blanks.

Name: _____
First Middle Last

SSN: _____ Birth Date: _____ Gender: male (1) female (2)
(MM-DD-YYYY)

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Telephone: (____) _____ Cell Phone: (____) _____

Local Address: _____

CU Residence Hall: _____ CU Box: _____ CU Telephone: (____) _____

CU E-mail _____ Other E-mail _____

Were you referred to SSS? Yes No If yes, by whom? _____

Please mark your predominant Ethnic Background

American Indian/Alaskan Native(1)	Asian(2)	Black/African American(3)	Hispanic/Latino(4)
White(5)	Native Hawaiian/Pacific Islander(6)	More than 1 race(7)	No response(0)

Eligibility Criteria: Funding is provided for SSS by the U.S. Department of Education. The USDE requires the following documentation to help determine eligibility for enrollment into the Student Support Services Program.

A. Citizenship Status

Are you a U.S. citizen or permanent resident? Yes No

Do you live with: Both parents Father only Mother Only Guardian Other

B. Please mark the highest level of education completed by your parents or guardians:

	Father/Male Guardian	Mother/Female Guardian
Less than high school diploma		
High school diploma		
Business or Technical School		
Some College		
2-Year college degree		
4-Year college degree		
Graduate or Professional degree		

C. Disability Status

Do you have a disability? Yes No

If yes, are you registered with the Office of Accommodations? Yes No

Explain and note any specific needs you may require _____

Note: Disability status must be verified by the Office of Disability Accommodations. Students must provide documentation to ODA before services are provided.

Office Use Only

The student is registered with ODA and has a documented disability on file.

ODA Signature _____

Office Use Only

Gender: 1 2 Race/Ethnicity: 1 2 3 4 5 6 7 0 Eligibility: 1 2 3 4 5 Project Entry Date _____ Cohort _____ Project Exit Date: _____

First School Enrollment Date _____ Academic Need: 1 2 5 6 7 8 9 10 12 13 14 15 College Grade Level/Entry to Project: 1 2 3 4 5

#Family _____ #College _____ T.I.\$ _____ A.G.I.\$ _____ No FAFSA _____ Meets Income guidelines _____ Yes _____ No Student ID # _____

Please answer the following questions:

- A. Have you previously earned a Bachelor's Degree? Yes No
 Are you a transfer student? Yes No
 Are you enrolled in a professional degree program? Yes No
 Have you ever served in the U.S. Armed Forces? Yes No

Have you or are you? Currently enrolled at CU Accepted for enrollment Applied only

To which school: Arts & Sciences Business Nursing University College
 OT/PT/Pharmacy

What is your class status at Creighton? Freshman (01) Sophomore (03)
 Junior (04) Senior (05)
 Other (06)

Have you decided upon a major? If so which _____
 Do you plan to earn a Bachelor's Degree from Creighton University? Yes No

If yes, what is your target graduation date? _____
 (Semester/Year)

Do you plan to complete your degree as a full-time student? Yes No
 Following graduation do you plan to apply to a graduate or professional school? Yes No
 If yes, what graduate field or professional program? _____

Have you previously participated in Student Support Services, Upward Bound, Veterans Upward Bound, Educational Opportunity Center, or Educational Talent Search? Yes No

B. ACT Composite Score: _____ SAT Score: V _____ M _____

High School Cum. GPA: _____ Transfer College Cum. GPA: _____ Creighton Cum. GPA: _____

C. Certification Of Academic Need and Assessment

All students enrolled in the Student Support Services Program must exhibit academic need for services. Please place an "X" by the following indicators of need which apply to you:

<input type="checkbox"/>	An ACT composite score below 23 or SAT composite score below 950.	<input type="checkbox"/>	Currently on academic probation.
<input type="checkbox"/>	An ACT sub-score below 23. Please specify:	<input type="checkbox"/>	Undecided educational and/or career goals
<input type="checkbox"/>	Entering SSS with a cumulative high school or college GPA below 2.75.	<input type="checkbox"/>	Have unmet financial need.
<input type="checkbox"/>	Academically under-prepared due to small high school curriculum, small class size or lacking necessary college preparatory course work. Specify area of weakness:	<input type="checkbox"/>	A student with a disability. (Please provide documentation by a qualified evaluator of your disability.)
		<input type="checkbox"/>	I am a single parent.
<input type="checkbox"/>	English is my second language. The other language spoken in my home is:	<input type="checkbox"/>	Work more than 20 hours per week while school is in session.
<input type="checkbox"/>	Conditionally admitted to Creighton (e.g., limited course work, required courses—RSP 120, required enrollment in SSS, MTH 135, etc.)	<input type="checkbox"/>	A non-traditional college student (out of school for a minimum of 5 years)
<input type="checkbox"/>	Returning to Creighton on academic probation or conditional re-admittance.	<input type="checkbox"/>	A referral. Please specify by whom:
<input type="checkbox"/>	Currently failing a class or have a deficient midterm grade(s)	<input type="checkbox"/>	Other. Please specify.

ENROLLMENT AGREEMENT

I agree, as a condition of my enrollment in the Student Support Services Program, to comply with the following rules or requests:

1. I will complete the SSS certification of academic need, needs assessments, entrance testing, and any other assessments or paperwork which may be required as a participant.
2. I grant the SSS staff permission to request and receive my grade reports, financial aid data, and other confidential information from other Creighton University departments and faculty. I understand that my academic performance will be monitored until I exit Creighton.
3. I agree to complete the following minimum participation requirements for each semester (these requirements may be modified with appropriate notice by the director):
 - a) I will attend an orientation meeting as a new student and as a returning student at the beginning of each semester.
 - b) I will meet one time each semester with the academic counselor to review my goal attainment and general progress.
 - c) If I am placed on academic probation, I will meet with the academic counselor weekly or bi-weekly at the discretion of the academic counselor. In subsequent academic semesters, I will meet with the academic counselor each semester as directed.
 - d) I will attend at least two workshops sponsored or approved by SSS each semester. I understand that I may be required to attend special or additional workshops sponsored by SSS each semester. I understand that I may be required to attend additional workshops as a new or probationary student.
 - e) I will meet with a SSS staff member at least once each semester at midterm or as directed.
4. I understand that if I receive the Scholarship for Economically and Educationally Disadvantaged Students (SEEDS), the renewal each semester is dependent upon my continued enrollment in and demonstrated need for services from the SSS program as well as successful completion of the above minimum participation requirements by the required deadlines. Failure to complete any one of the requirements will result in the revocation of SEEDS for the upcoming semester. I understand that there is no appeal process for the termination of the SEEDS scholarship.
5. If I apply for a peer tutor through SSS, I agree to meet with my tutor weekly and give advance notice to the tutor if I cannot attend a tutorial session. I agree to evaluate my tutor's performance and will comply with other requests from the SSS tutorial coordinator. I understand that missed sessions, tardiness, lack of preparation, and other misconduct will result in revocation of SSS tutorial services. If meeting with a professional tutor, I will keep appointments and cancel in advance if I am unable to meet my scheduled appointments.
6. I give permission to release my name and/or picture to provide recognition in newsletters, web pages, and/or other publications.
7. The director reserves the right to admit or deny any student enrollment in the SSS program. Completion of this application does not guarantee acceptance into the SSS program, eligibility for the SEEDS scholarship, or any other program services.

I read and agree to abide by the program rules and requirements as stated above in order to be considered for admission to the Creighton University Student Support Services Program. Under penalty of forfeiture of Student Support Services assistance, I hereby certify that the information provided on this application is complete and accurate to the best of my knowledge.

Student Signature

Date

Director Signature

Creighton University affirms that it does not discriminate based on race, color, religion, national origin, sex, sexual orientation, age, disability or veterans status in the educational programs or activities which it operates, or in admission to or employment in such programs or activities, as set forth in Title VI and VII, Title IX, section 504, and ADA. Also see Creighton University's Affirmative Action Policy.
