

Eligibility Application Form

Applicant Information

Full, Legal Name: _____ Student ID: _____ ⁽³⁾Social Security Number: _____

Address: _____
Last First Middle

Alternative Address: _____
Street Address (or PO Box) City State ZIP Code

Contacts: _____
Home Phone Cell Phone Work Phone UA E-mail Address

What is the best way to contact you?
 Cell phone: ☐ Home Phone: ☐ Email: ☐
 Facebook: ☐ Blackboard: ☐ Other: ☐
 Text/SMS: ☐ → who is your wireless provider?

Eligibility Information

U.S. Citizenship Citizen ☐ Permanent Resident (Green Card) ☐

Place of Birth:

Are you a "first generation" college student? YES ☐ NO ☐

Do you have a documented learning or other disability? YES ☐ NO ☐

Have you been to Disability Services? YES ☐ NO ☐

Are you working with Vocational Rehabilitation? YES ☐ NO ☐

Are you a low income student? (See table on the right→) YES ☐ NO ☐

Are you enrolled or planning to be enrolled in at least 6 credits? YES ☐ NO ☐

Are you admitted to a 4-year degree program? YES ☐ NO ☐ → What program are you admitted to?

1	\$22,260
2	\$30,030
3	\$37,800
4	\$45,570
5	\$53,340
6	\$61,110
7	\$68,880
8	\$76,680
Add \$7,800 for each additional member	

Demographic Information

Ethnicity: (select all that apply) American <input type="checkbox"/> Indian/Alaska 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"/>	Are you Hispanic or Mexican American: YES <input type="checkbox"/> NO <input type="checkbox"/> Family Status: Married <input type="checkbox"/> Single Dependent <input type="checkbox"/> Single Independent Head of Household <input type="checkbox"/>	Class Standing: Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/>	⁽⁷⁾Date of Birth: Gender: Where are you planning to live? <input type="checkbox"/> Off Campus <input type="checkbox"/> On Campus
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Certification and Signature

I certify that the above information is true and correct.

Signature: _____ Date: _____

Student Writing Assessment

As part of the enrollment process, UAF's Student Support Services Project would like to assess your basic writing skills. Please answer the question:

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.

Name: _____ Date: _____

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 _____

CLASS SCHEDULE WORKSHEET

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	8:00 - 9:00 AM	8:00 - 9:30 AM	8:00 - 9:00 AM	8:00 - 9:30 AM	8:00 - 9:00 AM
:15					
:30					
:45					
9:00	9:15 - 10:15 AM	9:45 - 11:15 AM	9:15 - 10:15 AM	9:45 - 11:15 AM	9:15 - 10:15 AM
:15					
:30					
:45					
10:00	10:30 - 11:30 AM	11:30 - 1:00 PM	10:30 - 11:30 AM	11:30 - 1:00 PM	10:30 - 11:30 AM
:15					
:30					
:45					
11:00	11:45 - 12:45 PM	11:45 - 12:45 PM	11:45 - 12:45 PM	11:45 - 12:45 PM	11:45 - 12:45 PM
:15					
:30					
:45					
12:00	1:00 - 2:00 PM	2:00 - 3:30 PM	1:00 - 2:00 PM	2:00 - 3:30 PM	1:00 - 2:00 PM
:15					
:30					
:45					
1:00	2:15 - 3:15 PM	2:15 - 3:15 PM	2:15 - 3:15 PM	2:15 - 3:15 PM	2:15 - 3:15 PM
:15					
:30					
:45					
2:00	3:30 - 4:30 PM	3:40 - 5:10 PM	3:30 - 4:30 PM	3:40 - 5:10 PM	3:30 - 4:30 PM
:15					
:30					
:45					
3:00	4:40 - 5:40 PM	5:20 - 6:50	4:40 - 5:40 PM	5:20 - 6:50	4:40 - 5:40 PM
:15					
:30					
:45					
4:00	5:50 - 6:50 PM	5:50 - 6:50 PM	5:50 - 6:50 PM	5:50 - 6:50 PM	5:50 - 6:50 PM
:15					
:30					
:45					
5:00	7:00 - 8:30 PM or 7:00 - 10:00 PM	7:00 - 8:30 PM or 7:00 - 10:00 PM	7:00 - 8:30 PM or 7:00 - 10:00 PM	7:00 - 8:30 PM or 7:00 - 10:00 PM	7:00 - 8:30 PM or 7:00 - 10:00 PM
:10					
:20					
:40					
6:00	7:00 - 8:30 PM or 7:00 - 10:00 PM	7:00 - 8:30 PM or 7:00 - 10:00 PM	7:00 - 8:30 PM or 7:00 - 10:00 PM	7:00 - 8:30 PM or 7:00 - 10:00 PM	7:00 - 8:30 PM or 7:00 - 10:00 PM
:15					
:30					
:40					
7:00	7:00 - 8:30 PM or 7:00 - 10:00 PM	7:00 - 8:30 PM or 7:00 - 10:00 PM	7:00 - 8:30 PM or 7:00 - 10:00 PM	7:00 - 8:30 PM or 7:00 - 10:00 PM	7:00 - 8:30 PM or 7:00 - 10:00 PM
:30					
8:00					
:30					

Semester:

Name: