



Center For High Impact Practices

STUDENT SUPPORT SERVICES

1104 Student Success Center • Norfolk, VA 23529-0011 • Phone: 757/683-3582 • Fax: 757/683-5758

Dear Student:

We invite you to apply for enrollment in Student Support Services (SSS). Tutoring, academic skills workshops, cultural enrichment activities, and many other activities are available to SSS students.

Please complete the form and submit the required documents. If your parents/legal guardians claim you as a dependent on their income tax return, have them assist you with completing the forms. If you have any questions, please contact us at (757) 683-3582, Monday through Friday, 8:00 a.m. - 5:00 p.m. or visit our home page at <http://uc.odu.edu/sss>.

STUDENT SUPPORT SERVICES ELIGIBILITY CRITERIA

Low-Income/First Generation College Student

*First Generation College Student Only

Low-Income Student Only

Student with a Disability - Low-Income

*Student with a Disability - High Income

*(Number of spaces available will be determined each year)

DOCUMENTS NEEDED TO PROCESS THE APPLICATION

A. **Student Support Services Application** (*All applicants*)

B. **Income Verification** (*All applicants*)

Dependent Student - Copy of last year's income tax form for parent(s)/legal guardian(s), a written statement or other document indicating taxable or non-taxable income and number of dependents claimed for last year.

Independent Student - Copy of applicant's last year income tax form, a written statement or other document indicating taxable or non-taxable income and number of dependents claimed for last year.

C. **Verification Of Disability** - (*Applicant with a disability only*)

The above documents should be returned to:

Student Support Services
Old Dominion University
1104 Student Success Center
Norfolk, VA 23529-0068

Sincerely,

Mrs. Jacqueline F. Hines
Director

Mrs. Julie Perez
Academic Coordinator



STUDENT SUPPORT SERVICES (SSS) APPLICATION

2016 Student Success Center • Norfolk, VA 23529-0011 • Phone: 757/683-3582 • Fax: 757/683-5758

Academic Year: _____ Fall _____ Spring _____ Major: _____

UIN: _____ Transfer Student: Yes _____ No _____

Name: _____
Last First Middle Initial

Current Address: _____
Number and Street

_____ *City State Zip Code*

Cell Phone #: _____ Permanent Phone #: _____

Sex: M _____ F _____ Veteran: Yes _____ No _____

Are you a U.S. Citizen? Yes _____ No _____ If "No", are you a permanent resident of the U.S.? Yes _____ No _____

Do you have a physical or learning disability? Yes _____ No _____ *(One of the eligibility criteria)*

Name of mother or legal guardian: _____
(If not living, write deceased)

Address: _____

Phone #: _____ Occupation of mother or legal guardian: _____

Indicate if your mother or legal guardian has/had a four-year college degree: Yes _____ No _____
(Complete even if parent/legal guardian is deceased)

Name of father or legal guardian: _____
(If not living, write deceased)

Address: _____

Phone #: _____ Occupation of father or legal guardian: _____

Indicate if your father or legal guardian has/had a four-year college degree: Yes _____ No _____
(Complete even if parent/legal guardian is deceased)

With whom do you reside when not in school? Mother _____ Father _____ Both Parents _____ Legal Guardian(s) _____

Indicate your academic need for services provided by SSS: _____

PREVIOUS PARTICIPATION IN TRIO PROGRAMS

Upward Bound _____ Talent Search _____ Ronald E. McNair _____
Student Support Services _____ Educational Opportunity Center _____

If you have participated in a TRIO program, indicate location _____

Dependent Student: Your parent(s)/legal guardian(s) claimed you as a dependent last year
Independent Student: Your parent(s)/legal guardian(s) did not claim you as a dependent last year

(Check One) **Dependent Student** _____ **Independent Student** _____

I /We certify that the information included on this application is correct to the best of my/our knowledge. Signatures below also give the Student Support Services staff permission to review and/or secure a copy of my financial aid and academic information. The staff also has permission to review other pertinent information needed to verify eligibility, assess academic needs, and monitor my academic performance and retention at the University.

The parent/legal guardian must sign this application if the applicant is a dependent student.

Signature of Student _____
Date

Signature of Parent/Legal Guardian _____
Date

FOR OFFICE USE ONLY

Dependent Student

Taxable or non-taxable income of parent(s)/legal guardian(s) for specified tax year _____

Number of dependents claimed on tax form _____

Independent Student

Taxable or non-taxable of applicant for specified tax year _____

Number of dependents claimed on tax form _____

Accepted _____ Rejected _____ Waiting List _____

ACCEPTANCE CRITERIA (*circle one*)

LI/FG LI ONLY FG ONLY SD/HI SD/LI

Type of Disability (*if applicable*) _____

Degree Seeking Yes _____ No _____

Comments: _____

Staff Signature _____
Date

Old Dominion University is an equal opportunity affirmative action institution.
OFFICE (757) 683-3582 • FAX (757) 683-5758 • <http://uc.odu.edu/sss>

