



St. John's University Student Support Services General Application

Instructions: Please complete items 1-10, sign and date your completed application before you submit it. If you provide us with all of the required information you can expect a decision on your application within 7-10 business days. *Please print clearly.*

1. Biographic Information

X Number: _____ Birth date: ____/____/____ Gender: Male/Female

Name: _____ Local Phone: _____
Last First Initial

Address: _____ Cell Phone: _____
Street

_____ E-mail: _____
City State Zip

Campus/Off Campus Address:

2. Ethnic Background: What is your ethnicity? Please circle all that apply:

African American Native American Latino Asian Caucasian Other _____

3. Citizenship: Please circle one: U.S. Citizen Yes No Permanent Resident of the U.S.? Yes No Have a Student Visa? Yes No

4. Parent's Education: Have either of your parents/guardians received a bachelor's degree? Yes No Associate's Degree? Yes No

5. Family Income: Size of Household (including yourself) _____ Family Income \$ _____

**Income verification may be required from the parent(s)/guardian(s) of dependent applications as well as independent applications.

6. Disability Status: Do you have a documented physical or learning disability? Yes No If yes, please explain in detail:

7. Academic Plans: Please list your current major or intended major of study: _____

8. Educational Progress: Academic Advisor _____

Semester/year admitted to SJU: _____ Estimated Graduation date from SJU: _____

Would you like to have a peer mentor? Yes No

9. Services Needed: Please circle all areas for which you may need assistance:

Course selection	Math Skills	Academic Counseling	Resume Writing
Deciding on a college major	Reading Skills	Personal Counseling	Interviewing Skills
Tutoring	Writing Skills	Financial Aid Counseling	Life Planning
College Survival Skills	Test-Taking Skills	Career Counseling	Social Networking

Other: _____

10. General Information:

Are you employed? Yes No If so, how many hours per week do you work? 1-10 10-20 20-30 Full-Time

Are you receiving financial aid at this time? Yes No If not, do you plan to apply in the future? Yes No

Do you intend to continue your education after graduation? Yes No

If so, in what area of study?_____

If not, in what field would you like to work after graduation?_____

What do you see yourself doing five years from now?_____

In your own words, please explain briefly why you want to participate in the Student Support Services Program:

I **certify** to the best of my knowledge that the information I have provided on this application is correct. I **authorize** Student Support Services to verify the information I have given to qualify for the program and to gather other data required to extend program services.

Signature_____

Date_____

For Office Use

The Department of Education's approved income limit for a family of____ is \$____. AGI is_____

Student qualifies as LI FG PD does not qualify

Accepted? Yes No

Rationale (if ineligible)_____

Application Reviewer's Signature and Date

Program Director's Signature and Date