



# Binghamton University STUDENT SUPPORT SERVICES

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Local Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

You currently live with:  Both parents (includes stepparents)  Mother OR Father  
 Grandparents  Independent  Foster Care  Other \_\_\_\_\_

Name of parent(s)/guardian(s) with whom you live:  
\_\_\_\_\_

Number of people (including yourself) living in the household: \_\_\_\_\_

What is the highest level of education completed by the parent(s) with whom you lived when you turned 18?

	Grade School	High School or GED	2-Year College	4-Year College	Beyond 4-Year
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever participated in any other TRiO Program:  Yes  No  
If yes, please indicate which one(s):  Talent Search  Upward Bound  Other \_\_\_\_\_

Did you apply for financial aid for the current academic year?  Yes  No

What type of financial assistance are you receiving:  
 Scholarship  Loan  Pell/Other grants  Veteran's  TAP  
 Other \_\_\_\_\_

Current Grade Classification:  Freshman  Sophomore  Junior  Senior

Are you a transfer student?  Yes  No Do you have an Associate's Degree?  Yes  No

Anticipated/Declared Major: \_\_\_\_\_ Minor \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Do you wish to receive services for a documented physical or learning disability?  Yes  No  
If yes, please explain what type of assistance you may need: \_\_\_\_\_

**\*\*NOTE\*\*** Documentation of your disability is required. Disability documentation for any Binghamton University student is retained in confidential files in the Services for Students with Disabilities office.

**Optional Information**

How did you hear about Student Support Services (please check all that apply):

- Poster/Announcement     Another Student     Faculty/Staff member
- Counselor     Other \_\_\_\_\_

Please indicate your ethnic background:

- American Indian/Alaska Native     Hispanic/Latino     Asian/Pacific Islands
- Native Hawaiian/Other Pacific Islander     Black/African American
- Caucasian/White     Other \_\_\_\_\_

Gender:  Male     Female

Check all of the services that may interest and/or benefit you:

**Counseling**

- Academic Advising/Degree Planning
- Financial Aid Application Assistance
- Career Counseling/Resume Writing
- Career/Interest Assessment
- Personal Counseling
- Peer Mentoring

**Graduate/Professional School Planning**

- College Information
- College Application Assistance
- College Visits

**Academic Support/Instruction**

- Tutoring
  - Writing \_\_\_\_\_
  - Reading \_\_\_\_\_
  - Math \_\_\_\_\_
  - Other \_\_\_\_\_

**Workshops**

- Overcoming Test Anxiety
- Note Taking Tips
- Getting Organized
- Stress Management
- Using a Graphic Calculator
- Writing an Effective Paper
- Time Management
- Money Management

What obstacles may affect your ability to achieve your academic goals? (Check all that apply)

- Poor study habits     Bad grades     Family medical problems
- Financial constraints     Always feeling tired     Separation or divorce
- No close friends at BU     Easily distracted     Afraid to speak up in class/ shyness
- Feeling depressed or sad     Problems at home     Alcohol and/or drug problems
- Health concerns/issues     Other: \_\_\_\_\_

By signing this document, I allow Binghamton University's TRIO/Student Support Services Program access to all my college information as long as I am a student at Binghamton University for the purpose of eligibility assessment, determination of services needed and monitoring academic progress, as well as collecting information for the U.S. Department of Education. I also consent and authorize BU's TRIO/SSS to use my name, voice recording, photograph or likeness in University related advertising, displays, publications or any other program related promotions (e.g. electronic media, websites, slide productions or video productions).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date