



STUDENT SUPPORT SERVICES

Student Support Services
Montana Tech
Health Science Building-Room 203
1300 West Park
Butte, MT 59701
Phone: (406) 496-4700
Fax: (406) 496-4696
Email: tqayle@mtech.edu

Application

Name: Date: Tech Student ID:
Contact Information: Local Street: City/State/Zip Code: Home Phone: Cell Phone: E-mail: Facebook/Twitter:
Biographical Information: Date of Birth: SSN: Ethnicity: American Indian/Alaskan Native Asian Black or African-American White Native Hawaiian/Pacific Islander Hispanic/Latino Multi-Origin Veteran: Yes No Marital Status: Married Single Citizenship: U.S. Citizen Eligible Non-Citizen Neither
Identify when you first enrolled at Montana Tech? (Identify Year) Fall 20 Spring 20 Summer 20
What is your class standing at Tech? (Check One) Freshman (0-29 credits) Sophomore (30-59 credits) Junior (60-89 credits) Senior (90+ credits) Post Baccalaureate
Have you declared a Science, Technology, Engineering, or Mathematics (STEM) as your major? Yes No If so, what is your major?
Did you apply for and receive Financial Aid this year? Yes No
Check ANY of the following TRiO SSS services that you might participate in: Academic procedures Personal development workshops Career advising Academic skills workshops Financial Aid advising Personal counseling

Check one or more of the following reasons why you may utilize TRiO SSS services:

Out of academics 5 or more years _____ Failing grades (H.S. or College) _____ Low ACT/SAT scores _____
Uncertain of academic preparedness _____ Need for academic support _____ Uncertain of career goals _____
Uncertain of educational goals _____ Limited English proficiency _____ Diagnostic test score _____
High School Equivalency (GED) _____ Other (Specify) _____

Eligibility for Program Services

TRiO is a support program funded by the Federal government to ensure students who are the first in their families to attend college, have the resources and care needed to **graduate**. We ask for access to your academic history and records in order to customize services to meet your needs, and federal reporting requirements.

Parent/Guardian Information:

Of the parent(s) or guardian(s) with whom you regularly lived before you reached your 18th birthday, did any complete or already have a four-year degree? Yes _____ No _____

Financial Information:** Your income will be verified by TRiO SSS Staff

Disability Information:

Do you have a documented disability? (Physical/Learning/Emotional/Mental) Yes _____ No _____

Are you currently registered with Tech's Disability Services for students? Yes _____ No _____

Please read and sign below:

I certify that the information on this application is accurate and complete to the best of my knowledge. I hereby authorize the Student Success Services program to obtain any information from my educational records (e.g., transcripts, entrance test scores, grades, instructor contacts, etc.) and to perform staffing activities that may be pertinent to my participation in this project. I also agree that, if I am selected to participate in the SSS project, I will work with my staff advisor to develop and implement an individual Education Assessment Plan.

Applicant Signature: _____ Date: _____

Signature of TRiO SSS Staff Reviewer: _____ Date: _____

Office Use Only

Eligibility: FG LI BOTH Cum. GPA: _____ Starting GPA: _____
 Student Signature Transcripts
Director Approval: Yes No Initial: _____ Database entry by: _____
Date: _____ Initial

Revised: (7/12)

