

Florida State University Student Support Services Application for Participation

Demographic Information		
Last Name:	First Name:	
EMPLID:	Birthdate: / /	
FSU Email:	Telephone:(
Gender: ☐ Male ☐ Female	Major:	
Are you a U.S. Citizen?		
Race/Ethnicity: Amer. Indian/Alaskan Native Asian Native Hawaiian/Other Pacific Islander	☐ Black ☐ Hispanic/Latino ☐ White ☐ Other (List):	
Family Information		
Name of Mother/Guardian with whom you live:	Name of Father/Guardian with whom you live:	
Relationship to that person:	Relationship to that person:	
☐ Parent/Guardian	☐ Parent/Guardian	
☐ Other (List):	☐ Other (List):	
Highest Level of Education Completed by Mother/Guardian:	Highest Level of Education Completed by Father/Guardian:	
□ No high school diploma	□ No high school diploma	
☐ High school diploma	☐ High school diploma	
☐ Associates degree	☐ Associates degree	
☐ Bachelor's degree	☐ Bachelor's degree	
☐ Graduate degree (Master's/Doctorate)	☐ Graduate degree (Master's/Doctorate)	
☐ Professional degree (lawyer, medicine, etc.)	☐ Professional degree (lawyer, medicine, etc.)	
Mother/Guardian Occupation:	Father/Guardian Occupation:	
Family Income		
Family Size: An	nual Household Income: \$	
To apply for SSS, you must have a completed/verified FAFSA o	n file with the FSU Office of Financial Aid. By applying to SSS,	
you authorize staff to retrieve a copy of the verified FAFSA inf	ormation to verify income eligibility.	
Educational Participation		
Have you ever participated in any of the following prog	rams? Check all that apply:	
☐ Student Support Services ☐ Upward Bound Program ☐ Upward Bound Program Math/Science		
☐ Educational Talent Search ☐ GEAR UP ☐ Educational Opportunity Center ☐ Veteran		
Do any of the following apply to you? Check all that apply:		
☐ Foster Care ☐ Homeless/Unaccompanied ☐ Ward of the State ☐ ESL (English as a Second Language)		
☐ Disabled (must either be registered with the SDRC or provide documentation from a doctor)		
By signing below, you attest that all of the information is accurate and true. You also authorize Student Support Services		
to retrieve all relevant information to verify eligibility for participation, including social security number, as well as admissions, academic, and financial data from the Office of Admissions, the University Registrar, the Office of Financial		
Aid, the Division of Undergraduate Studies, Student Business S	, -	
a, the Division of Shaci graduate Stadies, Stadent Dasiness	services, and the Office of institutional nescurent	

FSU



Florida State University Student Support Services Needs Assessment Survey

Last Name:	First Name:
Disease shoot any needs that apply to you	
Please check any needs that apply to you:	
Improve General Study Habits Improve Time Management Enhance Memory Improve Memory Skills Increase Reading Speed Increase Grade Point Average Make Career Decisions Reduce Math Anxiety	☐ Improve Note Taking Skills ☐ Improve Test Taking Skills ☐ Improve Writing Skills ☐ Improve Vocabulary ☐ Increase Reading Comprehension ☐ Diagnose Learning Disability ☐ Plan College Courses ☐ Other:
Check any of the following items which described	ribe you:
Out of School Too Long Difficulty Finding Child Care Few Computer Skills Difficulty Managing Money May Need Personal Counseling Other	Afraid of Failing College Afraid I Might Not Fit In At Florida State Panic During Tests Unsure of College Procedures Little or No Experience on the Internet Difficulty Meeting Deadlines
What obstacle(s) would most likely prevent	you from completing your academic goals?
Poor Study Habits Taking the Wrong Classes Always Worrying Easily Distracted Take Things Too Seriously Trouble Sleeping Feeling Depressed or Sad Family Medical Problems No Close Friends at Florida State Alcohol and/or Drug Problems Other	Lack of Money Always Feeling Tired Too Shy Bad Grades Problems at Home Afraid to Speak Up In Class Dealing with Bills Separation or Divorce Recurring Health Concerns No Support From Family/Friends
Check any of the following services that may	interest and/or benefit you while attending FSU:
Advising	Graduate School Planning
Academic Advising/Registration Assistance Financial Aid Application Assistance Career Exploration/Advising Individual Support & Monitoring	Applications Personal Statement Recommendation Letters College Visits
Loan Programs	Career Counseling
Laptop ComputerGraphing CalculatorTextbooks	Career Assessment TestingSpeaking with a Professional in Your Area of InterestResume Assistance

Tuto	pring Needs
Ļ	English
Ļ	Science: History:
Ļ	History:
F	Math:
L	Other:
	sonal Statement Questions
Plea	se carefully read and answer the following questions using complete sentences.
1.	What are your education and career goals?
2	W/hat ather decreased decrease have an according 2
۷.	What other demands do you have on your time?
3.	What support might you need to complete your goals?
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