

STUDENT SUPPORT SERVICES - XAVIER UNIVERSITY

PROGRAM APPLICATION

COHORT YEAR 2008-09



Office: 513-745-3758
Fax: 513-745-3747

For Office Use Only:

FG FG/LI LI
 D D/LI

Date: _____

First Name _____ Middle Initial _____ Last Name _____ Birth Date ____/____/____

Social Security No: _____ - _____ - _____ Banner No: _____

Local Address: _____ Permanent Address: _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Local Phone: (____) _____ Permanent Phone: (____) _____

Xavier E-mail Address: _____ Cellular Phone: (____) _____

<input type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Asian
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Full-time student (12+hours)	<input type="checkbox"/> CAPS	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> More than one race reported
<input type="checkbox"/> Part-time student (6 hours)	<input type="checkbox"/> Weekend Degree	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> ¾ Time student (9 hours)		<input type="checkbox"/> No Response	<input type="checkbox"/> White

What semester did you begin taking classes at Xavier?
 Summer 08 Fall 08 Spring 09

FR(1-24.99 hr); SO(25-54.99 hr); JR(55-89.99hr); SR(90+hr);

What is the highest level of education **COMPLETED** by your parent(s)/legal guardian(s)?

	<i>Grade School</i>	<i>High School</i>	<i>Associate's Degree</i>	<i>Bachelor's Degree</i>	<i>Beyond Bachelor's</i>
Mother/Guardian	_____	_____	_____	_____	_____
Father/Guardian	_____	_____	_____	_____	_____

Copy of 2007 family (guardians, parents, and others) tax information (1040, 1040A, 1040 EZ)/financial eligibility sheet

Please identify and describe any legally documented disability you have.

What services have you received to accommodate this disability? _____

High School Attended _____ City _____ State _____

Diploma received? Yes Date received _____ GED received? Yes Date received _____
 No No

Have you ever participated in any other TRIO programs? Yes No If yes, which program check below:

Talent Search Upward Bound Educational Opportunity Ctr. Student Support Services

What schools other than Xavier University have you attended BEYOND high school?

School Name/Location	Year Began	Year Ended	Degree Received?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information on this application is accurate to the best of my knowledge.

Student Signature _____ **Date** _____