

# STUDENT SUPPORT SERVICES - XAVIER UNIVERSITY

## PROGRAM APPLICATION

### COHORT YEAR 2009-10



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: (\_\_\_\_) \_\_\_\_\_

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

What semester did you begin taking classes at Xavier?  
(check term and indicate year)  
\_\_\_ Summer \_\_\_ Fall \_\_\_ Spring Year? \_\_\_\_\_

\_\_\_ 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 2008 family (guardians, parents, and others) tax information (1040, 1040A, 1040 EZ)/financial eligibility sheet

Please identify and describe any legally documented disability you have.

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What services have you received to accommodate this disability? \_\_\_\_\_

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High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Diploma received? \_\_\_\_\_ Yes \_\_\_\_\_ Date received \_\_\_\_\_  
\_\_\_\_\_ No \_\_\_\_\_ No \_\_\_\_\_

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?
_____	_____	_____	_____ Yes _____ No
_____	_____	_____	_____ Yes _____ No

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

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_