



Thank you for expressing an interest in applying to Radford University's Student Support Services program. In order to comply with federal regulations, a **complete** application must be submitted. Failure to do so may result in the applicant's paperwork not being processed in a timely manner.

Special Note: The application consists of two parts.

The first part contains general information and must be filled out by ALL student applicants. **Please note:** The first page MUST be signed by the **student** because it gives SSS personnel permission to access academic and financial documents needed to complete the application process.

The second part of the application is in regards to your financial aid status: dependent student OR independent student. **Please make sure you complete only one form.** Most students are dependent; however, if you want to verify whether or not you are **independent**, go to the following RU financial aid website link, http://finaid.asp.radford.edu/frequently_asked_questions.htm.

If you are considered **INDEPENDENT**, **you** must sign the income verification form.

If you are considered **DEPENDENT**, **your parent/guardian** must sign the income verification form.

Should you have any questions or concerns, please contact the SSS office at (540)831-6382. Forms may be submitted as follows:

Fax: (540)831-6534

Address:

Radford University
Student Support Services
P.O. Box 7003
Radford, VA 24142

In Person:

Heth Hall
Suite 199 (1st floor, around the corner from Computer Help Desk)



Please complete the following interest application and return to Heth Hall (Suite 199) or one of the SSS staff members. We may be contacted at (540)831-6382 or sss@radford.edu.

Name: _____ Gender: F M Student ID: _____
SSN: _____ DOB: ____/____/____(MM/DD/YYYY)
Local Address: _____ Email: _____

Permanent Address: _____ Home Phone: _____
Cell Phone: _____

Ethnic Background:

American Indian or Alaska Native Asian Black or African-American Latino/Hispanic
White/Caucasian Native Hawaiian or other Pacific Islander Other (Please specify)

Citizenship: United States Citizen Permanent Resident Other _____

High School: _____ Graduation Date: _____

OR when did you receive your GED? _____

Name of college previously attended, if any: _____

Number of hours previously earned, if any: _____

Radford University Entry Date: _____(Semester/Year) Major: _____

Did your MOTHER graduate from college with a 4-year degree? Yes No

Did your FATHER graduate from college with a 4-year degree? Yes No

Are you receiving financial aid? Yes No

If yes, are you considered an Independent Student Dependent Student Don't Know

If No, check the reason(s): Have not applied Was not eligible Other _____

Current Classification:

Incoming Freshman Freshman Sophomore Junior Senior Transfer Don't know

Current Course Load:

Full-time Student Part-time Student Less than Part-time N/A

Number of course hours completed at RU so far: _____ N/A Cumulative GPA: _____

What are your academic plans?

Bachelor's Degree Transfer Credit Only Pursue Master's/Doctoral Degree

What is your career goal? _____ Undecided

Please indicate the subjects that you need tutoring in? 1.) _____ 2.) _____ Non-applicable

Have you participated in other TRIO programs? If so, please check all that apply.

Talent Search Upward Bound EOC Student Support Services Other _____

Do you have a documented physical or learning disability? ___Yes ___No

If you are a student with a documented disability, you will need to be registered with the Disability Resource Center in order to receive services through Student Support Services.

*****Please fill out just one side of the attached form (For Independent OR Dependent Student) – not both sides.**

I give the SUCCESS Program (Student Support Services) my permission to receive copies of my educational records and other materials necessary for participation in the SUCCESS Program. Furthermore, I understand that all of my records are kept confidential and in accordance with Radford University Records Policy and State and Federal Privacy Laws. I certify that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

OFFICE USE ONLY

How did you hear about SSS here at RU? (Please check all that apply) ___Mass RU E-mail ___RU's SSS website
___Word of Mouth ___Current SSS student ___Other (please specify) _____



Student Support Services

Income Verification Form – Independent Student

2010-2011

To Be Completed By The Student:

Student's Name:	Student ID#:
Number of people living in your household? _____	
What was your 2010 TAXABLE income (not adjusted income) level? _____	

All of the information on this form is true and complete to the best of my knowledge.

Student's Name

____/____/_____
Date

INDEPENDENT STUDENTS ONLY



Student Support Services

Income Verification Form – Dependent Student

2010-2011

To Be Completed by the Parent/Guardian

Student's Name:	Student's ID#:
Parent/Guardian Name:	
Has student's Mother received a 4-year degree from a college/university? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has student's Father received a 4-year degree from a college/university? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Number of people living in parents' household? _____

What is parents' 2010 TAXABLE INCOME (not adjusted income level)? _____

All of the information on this form is true and complete to the best of my knowledge.

Parent/Guardian Signature

____/____/____
Date

DEPENDENT STUDENTS ONLY