



FROSTBURG
STATE UNIVERSITY

One University. A World of Experiences.

STUDENT SUPPORT SERVICES
FROSTBURG STATE UNIVERSITY
101 BRADDOCK ROAD
FROSTBURG, MD 21532-2303
301.687.4481
FAX: 301.687.4671

STUDENT SUPPORT SERVICES

Semester you wish to enter FSU:
 Fall Spring Year _____

Name _____ Student ID # _____

Address: _____ Telephone No.: _____

City, State, Zip: _____

Student Support Services is a federally funded program designed to increase the likelihood of success of students who are first generation college students, whose families have limited financial resources, or who have physical or learning disabilities.

The following information is used to identify candidates for the Student Support Services program. Your responses are confidential and not released from the SSS office except as part of data reported for the student body as a whole.

- Check here if you qualify as a first generation student. (Neither of your parent(s)/guardian(s) with whom you reside has completed a four-year college degree.)
- Check here if your immediate household meets **any** of the following conditions. (Taxable income is that amount reported on Line 6 of the 1040EZ federal tax form, Line 27 of the 1040A form, or Line 43 of the 1040 federal tax form.) The household has:
 - 1 member and a taxable income below \$18,210
 - 2 members and a taxable income below \$24,690
 - 3 members and a taxable income below \$31,170
 - 4 members and a taxable income below \$37,650
 - 5 members and a taxable income below \$44,130
 - 6 members and a taxable income below \$50,610
 - 7 members and a taxable income below \$57,090
 - 8 members and a taxable income below \$63,570

Check here if you wish to declare either a physical or learning disability and you are interested in the Student Support Services program. Please complete the reverse side of this form for the Disability Support Services program.

Check here if you qualify as an independent student by answering yes to any of the following:

- | | | |
|---|------------------------------|-----------------------------|
| • Will you be 24 by December 31? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are you currently serving on active duty in the U.S. Armed Forces for the purposes other than training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are you a veteran of the U.S. armed forces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Will you be working toward a master's or doctorate degree (such as M.A., M.B.A., M.D., J.D., Ph.D., Ed. D., etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are you married or separated but not divorced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you have children who received more than half of their support from you or do you have dependents (other than children or a spouse) who lives with you and receive more than half of their support from you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • At any time since you turned age 13, were both of your parents deceased, were you in foster care, or were you a ward or dependent of the court? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are you an emancipated minor or are you in a legal guardianship as determined by a court? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are you an unaccompanied youth who is homeless or self-supporting and at risk of being homeless? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PLEASE SEE OTHER SIDE ►