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:
  - There is 1 member in my household and my taxable income is below $18,735.
  - There are 2 members in my household and my/family taxable income is below $25,365.
  - There are 3 members in my household and my/family taxable income is below $31,995.
  - There are 4 members in my household and my/family taxable income is below $38,625.
  - There are 5 members in my household and my/family taxable income is below $45,255.
  - There are 6 members in my household and my/family taxable income is below $51,885.
  - There are 7 members in my household and my/family taxable income is below $58,515.
  - There are 8 members in my household and my/family taxable income is below $65,145.

- [ ] 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? [ ] Yes [ ] No
  - Are you currently serving on active duty in the U.S. Armed Forces for the purposes other than training? [ ] Yes [ ] No
  - Are you a veteran of the U.S. armed forces? [ ] Yes [ ] 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.)? [ ] Yes [ ] No
  - Are you married or separated but not divorced? [ ] Yes [ ] 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? [ ] Yes [ ] 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? [ ] Yes [ ] No
  - Are you an emancipated minor or are you in a legal guardianship as determined by a court? [ ] Yes [ ] No
  - Are you an unaccompanied youth who is homeless or self-supporting and at risk of being homeless? [ ] Yes [ ] No

PLEASE SEE OTHER SIDE