

**STUDENT SUPPORT SERVICES**  
**Troy University, Montgomery Campus**  
**Bartlett Hall, Suite 304**  
**241-9557**

LIN _____ FGN _____ Dis _____
Initial and Date
St. Dt. _____ G.P.A. _____
<b>Office Use Only</b>

**STUDENT APPLICATION**

**NOTE: Student Support Services is funded by the U. S. Department of Education. The information required is used to determine your eligibility. Please be advised that all information will be held in confidence by the program staff.**

*If you already have a Bachelor's Degree, Student Support Services will not be able to serve you.  
Please contact the Gene Elrod Success Center for eligible services at 241-9530.*

**I. GENERAL INFORMATION:**

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
(City/State/Zip) Cell \_\_\_\_\_

TROY email address \_\_\_\_\_  
(This is TROY University's official means of communication.)

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Classification \_\_\_/\_\_\_/\_\_\_/\_\_\_ Major \_\_\_\_\_ Cr. Hrs. \_\_\_\_\_  
(Fr) (So) (Jr) (Sr)

Ethno-Racial Background: Check One:  
\_\_\_\_ Native American      \_\_\_\_ Hispanic/Latino      \_\_\_\_ Male  
\_\_\_\_ Asian/Pacific Islander      \_\_\_\_ Caucasian      \_\_\_\_ Female  
\_\_\_\_ African American      \_\_\_\_ Other (Specify)

**II. ELIGIBILITY INFORMATION:**

1. Are you a U.S. Citizen (or permanent alien resident-Alien Reg. # \_\_\_\_\_) Yes \_\_\_\_\_ No \_\_\_\_\_
2. Your annual household taxable income \$ \_\_\_\_\_, # of family members at home (including you) \_\_\_\_\_
3. Has either parent/guardian graduated from a 4-year college? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you have a documented disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_
5. If you have a documented disability, have you registered with Ms. Jane Ruddick? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are you being served by another Troy University SSS program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where \_\_\_\_\_
7. Do you meet or have the following academic needs listed below? (Check all that apply.)

____ High School GPA below 2.0	____ Been out of school for more than five (5) years	____ Placed in MTH 096/1100
____ Failing one or more classes	____ Academic tutoring	____ Placed in ENG 1100
____ College GPA 2.0 or below	____ Personal Counseling	____ Placed in RDG 098
____ GED recipient	____ Academic Advising / Career Guidance	

Signature \_\_\_\_\_ Date \_\_\_\_\_