



ASPIRES – TRIO Student Support Services Student Application



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| <p>Name:</p> <p>_____</p> <p style="text-align: center;">Last Name First Name Middle Initial</p> <p>Local Mailing Address:</p> <p>_____</p> <p style="text-align: center;">Street Apt #</p> <p>_____</p> <p style="text-align: center;">City State Zip</p> <p>Permanent Mailing Address:</p> <p>_____</p> <p style="text-align: center;">Street Apt #</p> <p>_____</p> <p style="text-align: center;">City State Zip</p> <p>Permanent Phone # _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married</p> <p>Are you a United State Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ethnic Identity: Select the ethnicity that describes you most. <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Other _____</p> <p>Educational Programs I have participated in: (Check all those that apply and write the years of participation.) <input type="checkbox"/> Educational Talent Search _____ <input type="checkbox"/> Gear-up _____ <input type="checkbox"/> Upward Bound _____ <input type="checkbox"/> SAVE _____ <input type="checkbox"/> Student Support Services _____ Location/School _____</p> <p>Employment Status: How many hours per week do you work or plan to work? <input type="checkbox"/> none <input type="checkbox"/> 1-19 <input type="checkbox"/> 20-39 <input type="checkbox"/> 40+</p> <p>Financial Aid: FAFSA submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why _____ _____ Have you received a Financial Aid Package to meet your financial needs? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been offered a Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Financial Information: Did your parents claim you on their current tax forms? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div></p> <p>IF YES: 1. What is the size of <i>your parent's household</i>, including yourself? _____ 2. What was their taxable income on their Federal Income Tax form*? _____</p> <p>IF NO: 1. What is the size of <i>your household</i>, including yourself, spouse and children? _____ 2. What was your taxable income on your Federal Income Tax form*? _____</p> <p><small>*Taxable income can be found on line 43 for IRS form 1040; line 27 for IRS form 1040A; and line 6 for IRS form 1040 EZ, please use the current year's tax returns.</small></p> | <p style="text-align: right;">FOR OFFICE USE ONLY:</p> <p style="text-align: center;">___ Algona ___ Eville ___ Eburg ___ Spencer ___ Spirit Lake Eligibility Requirements Met: ___ LI ___ FG ___ D ___ Accepted ___ Denied Director's Initials ___</p> <p style="text-align: center;">Program Entry Date: _____ Datatel #: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Social Security #:</td> <td style="width: 50%; padding: 5px;">Date of Birth:</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Local Phone #:</td> <td style="width: 50%; padding: 5px;">Cell Phone #:</td> </tr> </table> <p>E-mail Address:</p> <p>_____</p> <p>Eligibility: Has your mother received a 4 yr. degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your father received a 4 yr. degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a diagnosed disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan or are thinking about transferring to a four year institution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Education Information: College(s) previously attended (list all): _____ _____ Degrees/Certificates received: <input type="checkbox"/> BA/BS <input type="checkbox"/> AA/AS <input type="checkbox"/> Voc Cert. <input type="checkbox"/> Other: _____ Currently Enrolled at Iowa Lakes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, current # of credits this semester: _____ <input type="checkbox"/> If no, when do you plan to attend: _____ Date (mo/yr) first enrolled at Iowa Lakes: _____ Current Major: _____ What campus do you attend? <input type="checkbox"/> Algona <input type="checkbox"/> Emmetsburg <input type="checkbox"/> Estherville <input type="checkbox"/> Spencer <input type="checkbox"/> Spirit Lake Current Class Level: <input type="checkbox"/> Freshman (1st year in college) <input type="checkbox"/> Freshman (less than 30 college credits completed) <input type="checkbox"/> Sophomore (more than 30 college credits completed) Enrollment Status This Semester: <input type="checkbox"/> Full Time (12 or more credits) <input type="checkbox"/> Part Time (less than 12 credits) Target final semester at Iowa Lakes: (semester, year) (If unsure, approximate.) _____ Target transfer semester to college/university: (semester, year) (If unsure, approximate.) _____ Four-year Colleges/Universities I <input type="checkbox"/> plan to attend. <input type="checkbox"/> am considering attending. _____ Major/career interest(s) I <input type="checkbox"/> plan to pursue. <input type="checkbox"/> am considering. _____ Target degree(s): <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate</p> | Social Security #: | Date of Birth: | Local Phone #: | Cell Phone #: |
| Social Security #: | Date of Birth: | | | | |
| Local Phone #: | Cell Phone #: | | | | |

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| <p>ASPIRES students must exhibit an academic need for services. Please check all that apply to you:</p> <p><input type="checkbox"/> Low high school grades</p> <p><input type="checkbox"/> ACT composite score below 18 or ASSET/Compass score</p> <p><input type="checkbox"/> A non-traditional college student (out of school for 5+ yrs.)</p> <p><input type="checkbox"/> Need help with major/career choice</p> <p><input type="checkbox"/> Need tutoring to pass a class, please specify subject <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> English <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Low college grades</p> <p><input type="checkbox"/> Other: _____</p> | <p>How did you hear about ASPIRES?</p> <p><input type="checkbox"/> Summer orientation</p> <p><input type="checkbox"/> Faculty/Staff member, please specify who: _____</p> <p><input type="checkbox"/> Classroom presentation</p> <p><input type="checkbox"/> Letter/Flier sent to your home</p> <p><input type="checkbox"/> Letter/Flier sent to your dorm room</p> <p><input type="checkbox"/> Activity on campus</p> <p><input type="checkbox"/> Other, please specify: _____</p> |
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| <p>Check all the following services/topics that may interest and/or benefit you:</p> <p><i>Academic Skills</i></p> <p><input type="checkbox"/> Time Management</p> <p><input type="checkbox"/> Organization</p> <p><input type="checkbox"/> Test Taking</p> <p><input type="checkbox"/> Note Taking</p> <p><input type="checkbox"/> Study Skills</p> <p><input type="checkbox"/> Basic Computer Skills</p> <p><input type="checkbox"/> Writing Papers</p> <p><input type="checkbox"/> Tutoring/Study Groups</p> <p><input type="checkbox"/> Scholarship Search & Essay Writing</p> <p><i>Transfer Planning</i></p> <p><input type="checkbox"/> Campus Visits</p> <p><input type="checkbox"/> College Application Assistance</p> <p><input type="checkbox"/> Researching College</p> <p><i>Career Development Skills</i></p> <p><input type="checkbox"/> Career Exploration/Information</p> <p><input type="checkbox"/> Resume/Cover Letter Writing</p> <p><input type="checkbox"/> Interview Skills</p> <p><i>Cultural Enrichment Activities/Workshops</i></p> <p><input type="checkbox"/> Financial/Money Management</p> <p><input type="checkbox"/> Etiquette Dinner</p> <p><input type="checkbox"/> Bridge Program</p> <p><input type="checkbox"/> Theatre Productions</p> <p><input type="checkbox"/> Art, History or Science Museums</p> <p><input type="checkbox"/> Service Projects</p> <p><i>Leadership Opportunities</i></p> <p><input type="checkbox"/> Becoming a Tutor/Mentor</p> <p><input type="checkbox"/> Becoming a Mentoring participant</p> | <p style="text-align: center;">ASPIRES Student Success Plan:</p> <p>The ASPIRES program is committed to helping students succeed and obtain their educational goals. Our services are designed to enhance academic skills, increase retention and graduation rates, and facilitate the transitional process to the next level of higher education.</p> <p>Services offered to participants include the following: academic, career, and personal advising; tutoring; mentoring; four year transfer services; and registration assistance. Plus, as a member of ASPIRES you will have the opportunity to meet other students while attending our cultural enrichment trips and campus visits.</p> <p>One of the first steps to success in college is to make a connection and feel part of a community.</p> <p style="text-align: center;">As an ASPIRES participant I will:</p> <p>✦ Student contacts will be expected five times during the semester, freshmen will have the opportunity to meet with a peer mentor on a weekly basis.</p> <p>✦ Participants must be in good academic standing and maintain a minimum of a 2.0 GPA (transfer students 2.70). If unable to maintain GPA, student will be expected to attend study group once a week the following term.</p> <p>Participate in ASPIRES activities; which includes cultural enrichment activities, campus visits, workshops, mentor opportunities, services projects, and/or peer study groups. Please Initial Here _____</p> |
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Please explain you academic (or educational) goals:

The above information is true to the best of my knowledge. I authorize the ASPIRES office to obtain transcripts, academic, financial and disability information as needed. I understand ASPIRES staff will monitor academic progress by obtaining grades each semester and through communications with faculty. I also give consent for ASPIRES to share information with other agencies offering student support services. I have read the ASPIRES Student Success Plan and agree to the plan.

I give permission for ASPIRES to use activity photos for media and program purposes. Yes No

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| <i>Student Signature</i> _____ | <i>Date</i> _____ |
| FOR OFFICE USE ONLY: Photo Taken <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ASPIRES Staff Contact Date: _____ | <input type="checkbox"/> Left message <input type="checkbox"/> Emailed <input type="checkbox"/> Interview scheduled Initials _____ |
| 2 nd Attempt: _____ | <input type="checkbox"/> Left message <input type="checkbox"/> Emailed <input type="checkbox"/> Interview scheduled Initials _____ |
| 3 rd Attempt: _____ | <input type="checkbox"/> Left message <input type="checkbox"/> Emailed <input type="checkbox"/> Interview scheduled Initials _____ |
| Interview Date/Time: _____ | <input type="checkbox"/> Completed <input type="checkbox"/> No Call/No Show <input type="checkbox"/> Student Rescheduled <input type="checkbox"/> Other _____ |
| Rescheduled Interview Date/Time: _____ | <input type="checkbox"/> Completed <input type="checkbox"/> No Call/No Show <input type="checkbox"/> Student Rescheduled |