



STUDENT SUPPORT SERVICES

## Student Support Services

Briar Cliff University Application

Date:

Student ID #:

Name: Last

First

M.I.

Nickname

Cell Phone #:

Did either of the people who raised you graduate from a four-year college?  Yes  No

Have you ever been involved in a TRIO program before?  Yes  No

If yes, please check those that apply:

Upward Bound

Talent Search

Student Support Services

What is your (intended) major?

Or Undecided

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Students who have a disability, as defined by Section 504/ADA, may be eligible for participation in SSS as a result of the educational needs stemming from that disability.

Do you have a disability?  Yes  No

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What is your Race? You may check more than one.

American Indian/Alaskan Native

Caucasian

Asian

Hawaiian/Pacific Islander

Black/African American

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Are you Hispanic?

Yes  No

I authorize Trio SSS to notify me via text messages regarding programming and events.

I give permission to the Trio SSS program to take my pictures during activities. These pictures may be used on social media or publications.

I agree to participate in the Student Support Services Program and the information provided by me is correct to the best of my knowledge.

I authorize the Director of Student Support Services to obtain from the Office of Admissions/Financial Aid my financial aid and/or academic records/data pertinent to my participation in the Student Support Services program.

I agree to meet with Student Support Services staff at least once per term.

This electronic signature is my confirmation of approval.

Signature:

To submit this form, email to [triostudentsupportservices@briarcliff.edu](mailto:triostudentsupportservices@briarcliff.edu).

