

ELIGIBILITY
(Office Use Only)

- Low Income
- First Generation
- Disabled

TRIO
STUDENT SUPPORT SERVICES
PROJECT EXCEL
University at Albany
Office of Academic Support
Student Support Services, Li 94
Albany, NY 12222
Phone: (518) 442-5196
Fax: (518) 442-5419

NEED
(Office Use Only)

- Academic Support
- H.S. Grades
- College Grades
- SAT Verbal
- SAT Math
- SAT Total

Name: _____
(Last) (First) (Middle)

Campus/Local Address _____
Street or Quad Box# City State Zip Code

E-mail Address: _____

Home Address: _____
Street City State Zip Code

Cell Phone: _____ Home Phone: _____

Are you a citizen of the United States? Yes No

Are you a permanent resident of the US? Yes No

Social Security or Green Card #: _____

SUNY ID Number: (e.g., 000 or 001...) _____

Date of Birth: ____/____/____

*** Please check all that apply**

*** Please note: This data is not mandatory, but is extremely helpful to the Department of Education when reporting on gender and ethnicity*

Gender: Male Female

Race (for reporting purposes only):

- Hispanic/Latino
- Non-Hispanic

Ethnicity (for reporting purposes only):

- Asian
- Black/African-American/Caribbean
- Native American/Alaskan Native
- Pacific Islander
- White

Have you ever participated in any other TRIO Program: Yes No

If yes, please indicate which one(s): Talent Search Upward Bound Other _____

Academic Information/Enrollment Status:

High School GPA: _____

SAT Scores: Math _____ Verbal _____ (Or Total _____)

Current Grade Classification: Freshman Sophomore Junior Senior

Are you a transfer student? Yes No

Do you have an Associate’s Degree? Yes No

Anticipated/Declared Major: _____ Minor _____

Expected Graduation Date: _____

You currently live with: Both parents (includes stepparents) Mother OR Father

Grandparents Independent Foster Care Other _____

Household/Parent Information:

You currently live with: Both parents (includes stepparents) Mother OR Father

Grandparents Independent Foster Care Other _____

Name of parent(s)/guardian(s) with whom you live:

Number of people (including yourself) living in the household: _____

What is the highest level of education completed by the parent(s) with whom you lived when you turned 18?

	Grade School	High School or GED	2-Year College	4-Year College	Beyond
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Information:

***** Please note that the federal government requires that documentation of family income be provided for program eligibility purposes. As such, please attach a copy of page 1 and 2 of your parents’ federal tax forms (e.g., 1040). If you live with one parent, you only need to attach the income tax forms of the parent with whom you live. If your parent(s) did not file taxes recently, please contact the Project Excel Coordinator at (518) 442-5196 for acceptable alternative documents. This documentation is needed only once in the application process and will be kept in a safe and secure location. *****

Number of persons dependent on family income (found on page 1 of federal 1040): _____

Taxable (net) Income (found on page 2 of federal 1040): _____

Did you apply for financial aid for the current academic year? Yes No

What type of financial assistance are you receiving?:

Scholarship Loan Pell/Other grants Veteran’s TAP

Other _____

Additional Information

How did you hear about Student Support Services (please check all that apply)

- Poster/Announcement Another Student Faculty/Staff member
- Counselor Other _____

Which of the following services may interest and/or benefit you (check all that apply)

Counseling

- Academic Advising/Degree Planning
- Financial Aid Application Assistance
- Career Counseling/Resume Writing
- Career/Interest Assessment
- Personal Counseling
- Peer Mentoring

Graduate/Professional School Planning

- College Information
- College Application Assistance
- College Visits

Workshops

- Overcoming Test Anxiety
- Note Taking Tips
- Getting Organized
- Stress Management
- Using a Graphic Calculator
- Writing an Effective Paper
- Time Management
- Money Management

Academic Support/Instruction

- Tutoring
 - Writing _____
 - Reading _____
 - Math _____
 - Other _____

What obstacles may affect your ability to achieve your academic goals? (check all that apply)

- Poor study habits Bad grades Family medical problems
- Financial constraints Always feeling tired Separation or divorce
- No close friends at Albany Easily distracted Afraid to speak up in class/ shyness
- Feeling depressed or sad Problems at home Alcohol and/or drug problems
- Health concerns/issues
- Other: _____

Do you have a disability? Yes No

If "YES", please mark the appropriate choices

_____ Physical Disability _____ Learning Disability _____ Multiple Disabilities

****NOTE**** Documentation of your disability is required. Disability documentation for any SUNY Albany student is retained in confidential files in the Services for Students with Disabilities office.

By signing this document, I allow The University at Albany's TRIO/Student Support Services Program AKA Project Excel access to all my college information as long as I am a student at this University for the purpose of eligibility assessment, determination of services needed, monitoring of academic progress, as well as collecting information for the U.S. Department of Education. I understand that if I enroll in any phase of the Student Support Services Program, I will participate in any activities designed to achieve my academic goals and promote cultural growth. I also certify that the above information is true and accurate to the best of my knowledge.

Student Signature

Date

Self-Assessment

1. How many hours per day (on average) do you study outside of class?

2. What are your current academic goals, as well, as your goals for the future? How do you feel you can achieve these goals?

3. What are your career/work goals? (This includes selecting a career goal, getting a part-time job while attending school, reducing your work hours to dedicate more time to school, getting an internship, etc.)

4. How do you plan on achieving these career goals?

5. What are your personal/other goals? (This may include goals such as improving your financial situation, dedicating more time to your family/friends, becoming involved in social activities, volunteering your time to a charity, etc.) How do you plan on achieving these goals?

Educational Evaluation

(Please check yes or no to the following questions.)

1. I know how to take good notes in class. Yes No
2. I study in the library on a regular basis. Yes No
3. I must have quiet when I study. Yes No
4. I read my textbooks and prepare for class ahead of time. Yes No
5. I read my notes after class to refresh my memory. Yes No
6. I finish my assignments on time. Yes No
7. I have set a goal to succeed in college. Yes No
8. I frequently wonder if college is really where I want to be. Yes No
9. I get frustrated and tend to give up when a subject is difficult for me. Yes No
10. I know how to access help on campus for academic concerns. Yes No

ACADEMIC CONCERNS

(Please check the box next to the statements that express how you feel)

- I have trouble reading college level textbooks.
- I have trouble taking notes from lectures.
- I am uncomfortable asking questions in class.
- I learn best by actually doing something.
- I learn best by listening to explanations.
- I learn best by watching something being done.
- I need help researching and organizing a term paper.
- I have trouble writing papers.
- I have trouble asking for help in a class.
- I have math anxiety.
- I have test anxiety.
- I have difficulty concentrating.

Student Contract - Project Excel

I agree to participate in the Project Excel as outlined in the requirements listed below and discussed with project staff.

1. I agree to attend class regularly. I understand that regular classroom attendance is defined by Project Excel as having no more than three unexcused absences in any course during the semester.
2. Reasonable progress in coursework is the basic objective of Project Excel activities. If, in the opinion of Project Excel staff that an effort to make progress has not been made, I understand that this contract will be void.
3. I agree to attend regularly scheduled appointments with a member of the Project Excel staff. There will be at least two such appointments during each semester. These appointments are primarily for the purpose of discussing academic progress and scheduling needed services.
4. I agree to attend at least two cultural activities during each semester. Examples of such activities are: art shows, concerts, speakers, and workshops. I agree to report this participation to the Project Excel staff. These cultural activities may or may not be sponsored by Project Excel.
5. I agree, if placed on academic warning, to participate in regularly scheduled study sessions with a Project Excel tutor.
6. I agree, if requested by Project Excel, to participate in career exploration and counseling activities. This may include the Career Development Center.
7. I agree, if required, to participate in individual and group testing, to determine cultural, vocational, educational, and personal needs.
8. I understand that certain program requirements may be modified slightly during the year but not without prior notification of program participants.

Student Signature

Date

RELEASE OF INFORMATION

- I hereby grant permission of the Financial Aid Office to release a copy or copies of my Financial Aid information to Project Excel. I understand that this information is necessary to establish my eligibility for participation in Project Excel and will be kept confidential.
- I hereby grant permission to the Office of Academic Support Services to receive copies of information for my individual student folder for Project Excel. I understand that such information is necessary to establish my eligibility for participation in Project Excel and will be kept confidential.
- I hereby grant permission to the Office of Disabled Student Services to release a copy or copies of documentation of LD/Handicapped Information to Project Excel. I understand that this information is necessary to establish my eligibility for participation in Project Excel and will be kept confidential.

Student Signature

Date

Release and Waiver of Liability (Please Read Carefully Before Signing)

In consideration of my participation in the University at Albany Project Excel program, I release and discharge the University at Albany and the Project Excel program from any liability related to injuries, illness or disabilities as a result of a prior condition, due to my misconduct, or in connection with any Project Excel Activities.

Signed,

Student Signature

Date

Project Excel Coordinator Signature