

Oglala Lakota College
STUDENT SUPPORT SERVICES
PARTICIPATION APPLICATION

Participant Information (needed for program and report requirements and will be strictly confidential)

Last Name: _____ First Name: _____ MI: _____
 SS#: _____ - _____ - _____ DOB: ____/____/____ Gender: ___ Male ___ Female
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Day/Evening Phone #: _____ Center Registered: _____
 Grade Level (credit hours): ___ Freshman (0-30) ___ Sophomore (31-60) ___ Junior (61-90) ___ Senior (91+)
 Are you a U.S Citizen: ___ Yes ___ No Ethnic background: _____
 Did either of your parents or guardian receive a Bachelor's Degree? ___ Yes ___ No
 Do you have a disability or physical handicap? ___ Yes ___ No
 If yes, please explain: _____
 Student Income (please check the appropriate box which is within your annual family income range):
 \$0-20,385 (Single) \$27,465 (2) \$34,545 (3) \$41,625 (4) \$48,705 (5)
 \$55,785 (6) \$62,865 (7) \$69,945 (8) Number in family unit _____
 Have you applied for/or are you receiving financial assistance? (Check all that apply)
 PELL Scholarship Higher Ed Other _____
 I am a dependent ___ independent ___ student for financial aid purposes.
 I certify the above information is correct and I give the Oglala Lakota College Student Support Services Program permission to obtain such information as financial aid/grades as necessary to determine program eligibility and program report requirements.
 Student Signature: _____ Date: _____
 Parent/Guardian (for dependent students) _____ Date: _____

Services Requesting

Tutoring Academic Advising Career Counseling
 Mentoring Peer Mentoring Personal Counseling
 Financial-Aid Information/Application Assistance
 Other _____

SSS OFFICE USE ONLY:

SSS Entry Date: ____/____/____ Eligibility: FG/LI FG LI D/H Not Eligible
 Reason Not Eligible: _____
 SSS Staff Signature: _____ Date: _____
 Program Director: _____ Date: _____
 A/N: _____ (Academic Need)