



PARTICIPANT APPLICATION

Please complete and sign application. Also, **provide copy of current Federal Income Tax (1040)**. Then submit all materials to Student Support Services, via email **SSS@Bridgeport.edu** or mail/drop off: **Office of Student Support Services, Wahlstrom Library, Room 201, University of Bridgeport, 126 Park Avenue, Bridgeport, CT 06604**

STEP 1

What is your **name**?

First Name

Middle Initial

Last Name

What is your **mailing address**?

Street Address

Apt. #

What is your **cell phone number**?

City

State

Zip Code

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What is your **UB e-mail address**?

Please indicate your academic need:

☐ Low college grades ☐ Low admission test ☐ Need to help raise grades ☐ Lack of academic preparedness ☐ Lack of career goals/unsure

What is your **Student ID#**?

Year **Status?** ☐ Freshmen ☐ Sophomore ☐ Junior

What is your **Birth date**?

 / /

What is your **Ethnicity**? (Please check all boxes that describe you.)

☐ American Indian
☐ Native Hawaiian

☐ Alaskan Native
☐ Asian

☐ Hispanic
☐ White

☐ Black (non-Hispanic)
☐ Native American Pacific Islander

What is your **Gender**?

☐ Female

☐ Male

☐ Non-binary

STEP 2 Federal Eligibility Information

Are you a U.S. Citizen?

☐ Yes

☐ No

If you are not a U.S. Citizen, please answer the following questions about yourself. (If you are a U.S. Citizen, please skip ahead to STEP 3)

Are you a Permanent Resident?

☐ Yes

☐ No

What is your Permanent Resident Alien Number?

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Did your mother (or female legal guardian) graduate with a bachelor's (4-year college degree)?

☐ Yes

☐ No

Did your father (or male legal guardian) graduate with a bachelor's (4-year college degree)?

☐ Yes

☐ No

Which parent did your regularly reside with and receive support from during your childhood, until you were 18 years old? (Please check only one box.)

☐ Mother

☐ Both Mother and Father

☐ Father

☐ Neither Mother nor Father

Do you currently receive Pell Grant??

☐ Yes

☐ No

Do you have a documented disability?

☐ Yes

☐ No

If so, are you registered with the Office of SAS for accommodations?

☐ Yes

☐ No

STEP 3

I understand that I am granting Student Support Services staff to review and hold confidential any information maintained as part of my permanent records, including admissions data, grades earned, financial aid awards, or others that pertinent to my status. I also hereby understand that SSS is a federal program authorized by the U.S. Department of Education. I authorize I have been informed of all financial aid available at the university and available to me. I certify that all the information I have provided is true and accurate. All applicants understand that failure to follow SSS requirements may lead to removal from the program.

Additionally, I hereby grant Student Support Services permission to interview me and/or to use my likeness in photograph(s)/video in all its publications, on billboards, and in all other media, whether now known or hereafter existing, controlled by Student Support Service, in perpetuity, and for other use by the college. If selected into the SSS program, students will be enrolled onto SSS Canvas shelf. Students will have to opt-out if they choose not to receive Canvas notification.

Student's Printed Name

Student Signature

Date