

**Student Support Services  
Application Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First MI*

Soc Sec#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RU Id#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Phone Company \_\_\_\_\_

Please send me reminders of upcoming SSS events through text messages.  Yes  No

Rutgers E-mail: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

Check all those that apply:

- EOF Transfer Student
- SSS Transfer Student
- US Citizen
- US Resident
- First Generation College Student  
(Your parent(s)/legal guardian(s) did not complete a four-year Degree in the US)

Ethnicity/Race (check all that apply):

- American Indian or Alaska Native
- Asian
- Black or African-American
- Hispanic or Latino
- White
- Native Hawaiian or other Pacific Islander

*If SSS Transfer student: Please provide the name of your sending institution \_\_\_\_\_  
I have used \_\_\_\_ (#) semesters of financial aid. R U Newark has/has not \_\_\_\_\_ classified me as a LAMPITT student.  
SSS transfer students must also provide an essay stating why they should be accepted into the SSS program at Rutgers University-Newark.*

*All incoming SSS transfer students must provide a letter from an SSS administrator at your sending institution stating that you are in good academic standing and an active participant within the SSS program.*

Please indicate your:

Intended Major(s): \_\_\_\_\_ Intended Minor(s): \_\_\_\_\_

Have you ever received academic tutoring before? No \_\_\_ Yes \_\_\_ What subject(s)? \_\_\_\_\_

*I understand that my enrollment in the Student Support Services Program is contingent upon verification of my income level, first generation status, and enrollment capacity. I hereby authorize the SSS staff to document my eligibility for the SSS Program at Rutgers Newark. Upon enrollment, I understand that my continued enrollment is contingent upon meeting the basic requirements of the SSS Program, as determined between myself, the SSS Student Contract and the SSS Counselor.*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Financial Eligibility Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Soc Sec#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RU Id#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

**First Generation Status:** A student who neither his/her parent nor guardian have completed a 4 year degree. Please sign your initials in this box if this term applies to you. \_\_\_\_\_

**Income Verification Form**

All applicants must complete this section, whether or not you believe you qualify as low-income. For Federal TRIO Programs Income Levels Guidelines please visit:  
<https://www2.ed.gov/notclamped/about/offices/list/ope/trio/incomelevels.html>

Please check indicate which is applicable to you: I am a \_\_\_\_\_ Dependent or \_\_\_\_\_ Independent Student

The following information is from 20\_\_\_\_\_ federal income tax return form 10\_\_\_\_\_ OR no taxes were filed but income was earned.

TAXES FILED BY \_\_\_\_\_ Parent \_\_\_\_\_ Student \_\_\_\_\_ Guardian

Category	Amount
Amount Taxable Income (from 1040 line 23, 1040A line 19, 1040EZ line 6)	
Exemptions from (1040 line 6d, 1040A line 6d, 1040 EZ none)	

Please include ALL sources of income earned or received from January 2018 – December 2018

Wages and Salaries	
Public Assistance/TANF	
Unemployment Insurance	
SSI	
Other/Source	
Total Earned from all sources (Jan-Dec 2017)	
Number of those supported or exemptions	

By signing this form, I verify that the above stated information is completely accurate and true.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent Signature (If student is under the age of 18)