

For Office Use Only.

Eligibility:
FALL 2007
SPRING 2008



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Student
ID #

2007-08 COLLEGE SUCCESS PROGRAM (CSP) APPLICATION

“The Alley”: Student Success Center
ENMU, Station #38,
Portales, NM 88130
Phone #: 562-2455 / Fax #: 562-2283

The College Success Program is a federally funded TRIO program under the U.S. Department of Education to assist students to graduate from college. Students participating in the program’s activities must meet certain requirements set forth by the Department of Education. To determine your eligibility, please fill out the following information as completely as you can. All information you provide is strictly CONFIDENTIAL.

PERSONAL INFORMATION

PLEASE PRINT

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name (if different from above): _____

Local Phone Number () _____ Cell Phone Number () _____

Mailing Address _____
Street/PO Box _____ City _____ State _____ Zip Code _____

Local/Physical Address _____
Street/PO Box _____ City _____ State _____ Zip Code _____

Permanent/Legal Address _____
Street/PO Box _____ City _____ State _____ Zip Code _____

If you live on campus, what is your Dorm/Hall? _____ Room #? _____

Email Address _____

Male Female Date of Birth _____ Social Security Number _____
(Optional - SS# is used solely for record keeping and statistical purposes.)

Are you a U.S. Citizen? Yes No If not, do you have a Permanent Resident Card? Yes No

Please check appropriate ethnic/racial origin. (This information is voluntary and is not being used in a discriminatory manner.)

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White/Anglo
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Black/African American	<input type="checkbox"/> More Than One Race
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other:

Do you have a disability? Yes No If yes, Physical or Learning

Please specify disability: _____

If yes, have you registered with Disability Services? Yes No

Have you applied for Financial Aid at ENMU? Yes No

If you have not applied for Financial Aid at ENMU, would you be willing to do so? Yes No

Do you receive funding from any of the following sources? (Check all that apply.)

<input type="checkbox"/> AFDC	<input type="checkbox"/> DVR
<input type="checkbox"/> FOOD STAMPS	<input type="checkbox"/> JTPA
<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> COMMISSION FOR THE BLIND
<input type="checkbox"/> SSI	<input type="checkbox"/> OTHER:

Have either of your parents (natural, step or adoptive) graduated with a Bachelor’s Degree from a four-year college?
 Yes No

PLEASE COMPLETE BOTH SIDES OF APPLICATION.

EDUCATIONAL INFORMATION

Graduated _____ **GED** _____
 High School _____ City _____ State _____ Zip Code _____ Year _____

College Classification:

<input type="checkbox"/>	First Time Freshman	<input type="checkbox"/>	Junior
<input type="checkbox"/>	First Time Freshman with Concurrent Hours	<input type="checkbox"/>	Senior
<input type="checkbox"/>	Transfer Freshman	<input type="checkbox"/>	Graduate Student
<input type="checkbox"/>	Sophomore	<input type="checkbox"/>	Other (specify): _____

I am entering Eastern New Mexico University as a Transfer Student. Yes No

If Yes, from where? _____

Major: _____ Minor: _____

Please estimate what this coming semester's GPA will be: _____

Have you ever participated in a TRiO program in the past? Yes No *If yes, please specify:*

<input type="checkbox"/>	Educational Opportunity Center	<input type="checkbox"/>	Student Support Services	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Educational Talent Search	<input type="checkbox"/>	Upward Bound		

What are your future College plans? (Check one)

<input type="checkbox"/>	I will return to Eastern next semester and graduate from ENMU in the future.
<input type="checkbox"/>	I will return to Eastern next semester but will transfer elsewhere to graduate.
<input type="checkbox"/>	I will not return to Eastern but will transfer elsewhere at the end of this semester.
<input type="checkbox"/>	I do not intend to return to Eastern or to enroll elsewhere next semester.
<input type="checkbox"/>	I have other plans.
<input type="checkbox"/>	I am undecided about my plans.

How many cultural events have you attended in the past year?

<input type="checkbox"/>	0	<input type="checkbox"/>	1-2	<input type="checkbox"/>	3-5	<input type="checkbox"/>	6-10	<input type="checkbox"/>	More than 10
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If you attended one or more cultural events, what events did you attend? _____

To let the CSP Staff know how to assist you, is there anything else you would like us to know?

I could use help in the following areas:

<input type="checkbox"/>	Note-taking	<input type="checkbox"/>	Completing Financial Aid Forms
<input type="checkbox"/>	Getting the Most Out of My Textbooks	<input type="checkbox"/>	Assistance With a Physical Disability
<input type="checkbox"/>	Math	<input type="checkbox"/>	Assistance With a Learning Disability
<input type="checkbox"/>	Writing	<input type="checkbox"/>	Choosing a Major
<input type="checkbox"/>	Test Taking	<input type="checkbox"/>	Choosing a Career
<input type="checkbox"/>	Memory Tricks	<input type="checkbox"/>	Computer Skills
<input type="checkbox"/>	Getting Organized	<input type="checkbox"/>	Internet and Email Skills
<input type="checkbox"/>	Time Management	<input type="checkbox"/>	Communication With Instructors
<input type="checkbox"/>	Listening	<input type="checkbox"/>	Motivation
<input type="checkbox"/>	Tutoring	<input type="checkbox"/>	Self Esteem
<input type="checkbox"/>	Discovering How I Learn Best	<input type="checkbox"/>	Goal Setting
<input type="checkbox"/>	Personal Concerns		

In order to provide quality assistance to you, we ask for your cooperation. Please complete the following to give the College Success Program staff access to your records.

I, _____, hereby authorize the release of my records in reference to academic transcripts, degree plans, personal assessment test scores, and any other pertinent information related to my educational endeavors to the College Success Program Staff of Eastern New Mexico University.

 Date _____ Student Signature _____

- Yes, I am interested in the College Success Program.
 No, I am not interested in the College Success Program.