

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): ___ Freshmen (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):
 \$0-16,755 (Single) \$22,695 (2) \$28,635 (3) \$34,575 (4) \$40,515 (5)
 \$46,455 (6) \$52,395 (7) \$58,335 (8) Number in family unit _____
 Have your applied for/or are you receiving financial assistance? (check all that apply)
 PELL Scholarship Higher Ed. Other _____
 I certify the above information is correct and I give the Oglala Lakota College Student Support Services Program permission to obtain such information as is necessary to determine program eligibility and program report requirements.
 Student Signature: _____ 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: _____
 Director: _____ Date: _____