

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):  
 \$0-17,820 (Single)  \$24,030 (2)  \$30,240 (3)  \$36,450 (4)  \$42,660 (5)  
 \$48,870 (6)  \$55,095 (7)  \$61,335 (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 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: \_\_\_\_\_

*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)