



University of Maine at Fort Kent TRiO Student Support Services

NEW STUDENT INTAKE FORM

The purpose of this is to collect vital information about your needs so that the SSS program can better serve you. Please provide ALL the information requested. This form will also be used to confirm your eligibility in the program.

Semester Applying for: Fall _____ Spring _____

I. Personal Data

Name: _____ Home #: _____
Last First M.

D.O.B.: _____ SS#: _____ Work #: _____

Address: _____ City: _____

State: _____ Zip: _____ e-mail: _____

Gender: Male Female

US Citizen: Yes No

Veteran: Yes No

Marital Status: Single Married Divorced Widowed

Ethnic Groups:

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/other Pacific Island |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> More than one race reported |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Other |

II. Educational Information

Career Goal: _____

Educational Objective: Associate's Degree Bachelor's Degree Transfer
 Undecided Major: _____

Projected Graduation/Transfer Date: _____

Have you participated in any TRiO programs in the past? (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Talent Search | <input type="checkbox"/> Upward Bound | <input type="checkbox"/> Educational Opportunity Centers |
| <input type="checkbox"/> Student Support Services | <input type="checkbox"/> Veterans Upward Bound | |

III. Employment Information

If employed, how many hours do you work in a typical week? _____

Name of your employer, if you are employed: _____

IV. Personal Information

Do you have any of the following impairments, disabilities, or other conditions which may require services or accommodations in order for you to be successful?

(Select ALL that apply to you):

- None Learning Disability (e.g., dyslexia, Aphasia) Blind Deaf
 Speech Impaired Orthopedically Impaired Visually Impaired
 Other _____

Is English your native language? Yes No

Do you have difficulty speaking or understanding English? Yes No

Number of family members living in your household, including yourself: _____

V. Financial Information

Are you a Pell recipient? Yes No

Do you receive any other grants/scholarships from UMFK? If so, please list.

VI. Parental Information

What is the highest level of education attained by your parent(s) or legal guardian?

Father:

- Not a high school graduate
 High school graduate
 Some College or Assoc. Degree
 Bachelor's Degree or above
 Unknown

Mother:

- Not a high school graduate
 High school graduate
 Some College or Assoc. Degree
 Bachelor's Degree or above
 Unknown

I certify that all of the above information is correct, and I give permission to release appropriate documentation(s) regarding my enrollment and/or disability status to the Student Support Services.

Student Signature

Date