



# Student Support Services Application

ACU Station Box 29204 • Abilene, Texas 79699-9204  
Phone: (325) 674-2667 • Fax: (325) 674-6847

## Abilene Christian University

### I. General Information

Student ID # \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_  M  F Date of Birth \_\_\_\_\_  
First MI. Last

Age \_\_\_\_\_ Date of First Enrollment at ACU \_\_\_\_\_

Marital Status  Single  Married  Separated  Divorced  Widowed

Ethnic Background (Please check one):

Native American/Alaska Native  Asian/Pacific Islander  African-American  Hispanic

White  Other (please explain) \_\_\_\_\_

Are you a U.S. Citizen or Permanent Resident?  Yes  No

What is your declared major? \_\_\_\_\_

Number of credit hours satisfactorily completed to date \_\_\_\_\_

### II. Eligibility Information

**First-Generation:** Has either parent/guardian **graduated** from a 4-year institution of higher education prior to or during the time you lived at home?  Yes  No

**Disability:** Do you have any type of documented disability (physical, mental, psychological)? Yes  No

If yes, please describe \_\_\_\_\_

\*How can you document your disability?  school records  professional report(s)

other (please describe) \_\_\_\_\_

**Income:** Who claims you as a dependent for income tax purposes? \_\_\_\_\_

How many exemptions are included on this income tax form? (include parents and all dependents) \_\_\_\_\_

What was the annual **taxable** income reported on the most current income tax form for the person listed above? (Please check one and provide documentation to support your response, i.e., a recent income tax form or a signed document with the exact amount of your most recent annual taxable income.)

\$under 10,000

\$30,000-\$39,999

\$60,000-\$69,999

\$10,000-\$19,999

\$40,000-\$49,999

over \$69,999

\$20,000-\$29,999

\$50,000-\$59,999

Have you applied for financial aid at ACU?  Yes  No

If yes, are you receiving or do you expect to receive financial aid?  Yes  No

(more)

**\*If you need disability accommodations, you must complete a separate *Application for Disability Accommodations***

### III. Contact Information

Abilene address \_\_\_\_\_ Local phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ e-mail address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Permanent phone # (\_\_\_\_) \_\_\_\_\_

### IV. Academic Need for Services

Have you ever participated in another academic assistance program?  Yes  No

If yes, what was the program and where was it located? \_\_\_\_\_

Are you a veteran?  Yes  No

#### (Must be handwritten by applicant)

In order to help us understand your academic need for the services offered by Alpha Academic Services, state why you believe your request to receive these services should be considered. Include any information you think might be useful to the Alpha staff in determining the extent to which you could benefit from the services we provide. You may add additional pages if necessary.

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*I hereby grant permission to authorized personnel of Alpha Academic Services to examine and obtain from my student records all information relevant to my acceptance to, continuation in, or removal from Alpha Academic Services, and I permit said information to be forwarded to all appropriate departments involved in said program; except that this permission does not extend to student counseling or any disciplinary records except to the occurrence and type of any disciplinary action involving me (but without explanation of the reason(s) for said action). I expressly waive all rights and privileges to confidentiality that might otherwise attach to such records and information under the Family Educational Rights and Privacy Act and otherwise, to the extent appropriate to the granting of this permission.*

*I certify that all information given by me on the program application is correct to the best of my knowledge.*

Applicant signature \_\_\_\_\_

#### For Office Use Only :

##### Academic Need:

- Low English Placement Score
- Instructor Referral
- Low Self-Esteem
- Low Reading Placement Score
- Low Math Placement Score

- Low GPA (>2.5)
- Low ACT/SAT composite score
- Low ACT/SAT area score
- Academic/testing anxiety
- Disability Services
- Probation/suspension—current or past

**Qualified As:**  LI  FG  D