



Student Support Services (SSS) APPLICATION FORM

Name: _____
Last First Middle

Student ID #: _____ Campus Email Address: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Eligibility Questions

Are you a U.S. Citizen? ☐ Yes ☐ No

In your household, did either of your parents/guardians receive a four-year degree? ☐ Yes ☐ No

What Degree are you seeking at SUNY Canton:

Do you have a documented disability? ☐ Yes ☐ No

Are you aware of the **Student Accessibility Services** office at **sas@canton.edu**? ☐ Yes ☐ No

If you need information regarding what documentation to submit, please contact their office at 315-386-7392.

I am interested in participating in the TRiO SSS program, including all of its special services. I understand and agree:

1. to use TRiO SSS services, including academic counseling, tutoring, computers, and study space.
2. that the Academic Counselor will track my progress and notify me with recommendations which will assist my coursework each semester. I will meet with them 2 times per semester.
3. to alert the TRiO team to any major changes that occur in my personal or academic life that might impact my studies.
4. to allow my picture to be taken and used for promotional purposes for the SSS program.
5. that TRiO staff members may confer with SUNY Canton faculty and staff as necessary, to provide me with support and services.
6. that I may be de-selected from TRiO at any time.
7. that the information will be kept confidential and will be used for the following specified purposes:
 - a. student demographic data and record keeping
 - b. program evaluation
 - c. needs assessment
 - d. federal reporting
 - e. other administrative purposes

I certify that the above information is true and correct to the best of my knowledge. I authorize **Student Support Services** to request and share my information in regards to my academic, personal, and professional success, as well as my financial aid status. I understand that all information will be held in strict confidence by **Student Support Services** at SUNY Canton, NY 13617.

Signature: _____

Signed digitally on **DATE:** _____

**Email Completed Form
To Angela Bellinger At:**

bellinger@canton.edu

or

**Fax Completed
Form To:**

315-379-3816

or

Mail Completed Form To:
SUNY Canton TRiO Support Services
34 Cornell Drive, MCC 233
Canton, NY 13617