

University of Arkansas at Monticello
G A T E W A Y
STUDENT SUPPORT SERVICES

APPLICATION
(PLEASE TYPE OR PRINT)

SECTION 1: Personal Information

Name: _____ Date of Birth: _____
(Last) (First) (MI)

Current Address: _____
(Street) (City) (State) (Zip)

Current Phone: _____ Email Address: _____

Gender: MALE FEMALE

Are you a U.S. Citizen or Permanent Resident? YES NO
(Permanent Residents, give A# _____)

Ethnicity: African American Hispanic Asian
 Native American Caucasian Other (specify): _____

Marital Status: Single Married Divorced Widow

SECTION 2: Program Eligibility

Academic Need

What is your highest ACT composite score? _____

First-generation Status

Did your father **graduate** from a **four-year college**? YES NO

Did your mother **graduate** from a **four-year college**? YES NO

With whom did you live prior to high school graduation?

Both parents Mother Father Other (specify) _____

Family Income

Please attach a copy of your **family's most recent 1040 income tax form** or a **signed copy of your most recent FAFSA form**. If your family was not required to file a federal tax form, please attach a signed note (by your parent or guardian if you were claimed as a dependent) stating that no tax form was required.

Documented Disability

Do you have a documented disability? YES NO

If yes, is your disability documented with UAM Office of Special Student Services? YES NO

If you checked no, you should register your disability as soon as possible.

SECTION 3: Additional Information

When did/will you first enter UAM? (Please indicate semester and year)

- Fall _____ Spring _____ Summer _____

What is your current classification?

- Freshman** (0-29 hours) **Junior** (60-89 hours)
 Sophomore (30-59 hours) **Senior** (90+ hours)

College Major: _____ Minor: _____

If you have attended another college or university, please indicate:

Name of Institution	City, State	Dates Attended
---------------------	-------------	----------------

Have you applied for or receiving financial aid at UAM? YES NO

If yes, have you received your award? YES NO

What form(s) of financial aid are you receiving and/or have applied for?

- Pell Grant Work Study SEOG AR State Grant
 Federal Perkins Loan Federal Parent PLUS Loan
 Subsidized Federal Stafford Loan Unsubsidized Federal Stafford Loan
 Other (specify) _____

Have you participated in any of the following TRIO Programs? (If yes, give name of university)

- Talent Search YES NO _____
 Upward Bound YES NO _____

How did you find out about Student Support Services?

CERTIFICATION AND RECORDS RELEASE

I certify that all of the above information is correct. My signature below indicates my consent to release any academic or personal information to Gateway Student Support Services pertaining to my enrollment at UAM. I also authorize Gateway Student Support Services to release information from my records for the purpose of providing other services I might need and to consult with faculty and staff concerning my academic progress. ***I agree to maintain a minimum of two counseling appointments per semester to develop and maintain an educational plan for UAM and to participate in at least a minimum of two other campus activities.***

Student's Signature _____ Date _____

Student Identification # _____

Reminder:

Did you:

- Complete First-generation status section
 Attach copy of most recent 1040 Income Tax Return or FAFSA form
 Register with Special Student Services, if appropriate
 Enclose your personal essay Complete the Needs Assessment

University of Arkansas at Monticello
G A T E W A Y
STUDENT SUPPORT SERVICES

NEEDS ASSESSMENT

Name: _____ Date: _____

GOALS

Academic Goals:

Extracurricular Goals:

What is your career goal? _____

List all majors that you believe would lead to your chosen career: _____

What is your intended major? _____
Do you plan to graduate from UAM? YES NO
If not, where do you expect to transfer? _____
When do you expect to transfer? _____

PAST ACADEMIC PERFORMANCE

High school you attended: _____ Size of graduating class: _____
(Name) (City) (State)

Courses in which you excelled in high school and grades you made in those courses:

Courses in which you did not do well in high school and grades you made in those course:

Academic support you received in high school (tutoring, academic accommodations for disability, etc.):

ACADEMIC SUPPORT YOU MAY NEED AT UAM

Skills you would like to improve:

- | | | |
|--|--|---|
| <input type="checkbox"/> Expressing ideas in writing | <input type="checkbox"/> Computer skills | <input type="checkbox"/> Math skills |
| <input type="checkbox"/> Reading comprehension | <input type="checkbox"/> Study skills and habits | <input type="checkbox"/> Test taking skills |
| <input type="checkbox"/> Note-taking skills | <input type="checkbox"/> Time management skills | |
| <input type="checkbox"/> Other: _____ | | |
-

OBLIGATIONS AND CONCERNS

Will you be working on campus? YES (If yes, how many hours per week? _____) NO

Will you be working off campus? YES (If yes, how many hours per week? _____) NO

What other obligations do you have (childcare, household responsibilities, volunteer work, etc.)?

List three (3) concerns that you have about college.

INTEREST IN SSS SERVICES

Below is a list of services available through UAM Gateway Student Support Services. Please place an (x) next to any services you would find beneficial to your academic success.

- G **Academic Advising/Counseling:** One-on-one assistance with academic program requirements, course selection, graduation and availability of information, resources, and tools critical for academic success.
- G **Tutoring/Academic Support Programs:** Tutoring assistance, group study, and learning skills workshops.
- G **Financial Aid Counseling:** Assistance and guidance when applying for federal financial aid and scholarships.
- G **Career/Major Counseling:** Assistance and guidance in identifying and selecting a major/career.
- G **Peer Mentoring:** One-on-one networking with other students at UAM who can provide helpful information and orientation to the campus and community.
- G **Cultural Enrichment:** Access to culturally and socially enriching activities including such as exhibits, performances, etc.
- G **Computer Training:** Assistance with word processing, e-mail, web search, PowerPoint, Excel, WordPerfect, Publisher and more.
- G **Graduate School Advising:** Information and assistance with preparation for graduate school admittance.
- G **Other:** (Please Specify) _____

University of Arkansas at Monticello
G A T E W A Y
STUDENT SUPPORT SERVICES

AUTOBIOGRAPHY

Name: _____ Date: _____

INSTRUCTIONS

The Student Support Services staff at the University of Arkansas at Monticello is interested in assisting you in **SETTING AND ACCOMPLISHING** your goals during your enrollment at UAM. For us to accomplish this task, we need some additional information about you. Please type a two-page self-portrait including the following information.

I. FAMILY BACKGROUND

- A. Birthplace and date of birth
- B. Places I have lived
- C. Father's name and occupation
- D. Mother's name and occupation
- E. Brothers and sisters
 - 1. Numbers and ages from oldest to youngest
 - 2. How many have gone to college?

II. HIGH SCHOOL

- A. Name of school(s) attended
- B. General Achievements
- C. Grade point average
- D. Subjects you liked
- E. Subjects you disliked
- F. Activities
 - 1. Clubs and organizations
 - 2. Leisure time
- G. Work experiences
- H. The most difficult event of your life
- I. The happiest time of your life

III. COLLEGE PLANS

- A. Why did you decide to attend college?
- B. What specific goals do you have for your college years?
 - 1. Academic goals
 - 2. Extracurricular goals
 - 3. Career-related goals
 - 4. Other goals
- C. How do you plan to achieve those goals?
- D. What changes in your study habits will you need to make to be successful in college?

IV. CAREER PLANS

- A. What careers interest you? Why?
- B. Where do you see yourself five years from now? 10 years?

- V. Why do you want to join Student Support Services?