



2016-2017 APPLICATION

Name _____ Date _____

SS# _____ - _____ - _____ ID# _____ - _____ - _____

UTK E-mail Address _____@ vols.utk.edu Cell Phone Number _____ - _____ - _____

Alternative E-mail _____ Home Phone _____ - _____ - _____

Permanent Home Address _____

City _____ State _____ Zip _____

Local Address _____ City _____ Zip _____

Major _____ Birth Date ___/___/_____ Gender ___ Country of Citizenship _____

Ethnicity: Please Check

African American Caucasian American Hispanic/Latino American Asian Native American

Other or more than one race (Please List) _____

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

TRIO Participation? UB ETS SSS UBMS EOC VUB UT Lead UTLsi

Place of Employment _____ Hours per Week _____

Parents/Spouse _____ Address _____

City _____ State _____ Zip _____ Phone _____ - _____ - _____

Person to Contact in an Emergency _____ Phone _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Have either of your parents graduated from college with a Bachelors degree? Yes No

Where? _____

Have you applied for financial aid? Y N If so, date of submitted forms _____

Have you been granted financial aid? Y N Are you a veteran? Y N

Have you been diagnosed with a documented disability? Y N

ADHD Deaf/Hard of Hearing Learning Visual Mobility Emotional Health

EDUCATIONAL ADVANCEMENT PROGRAM

Previous college attendance:

M/YY M/YY

School: _____ Dates attended: from _____ to _____

School: _____ Dates attended: from _____ to _____

School: _____ Dates attended: from _____ to _____

What is your long-term career goal?

Indicate by checking the degree(s) you hope to attain.

Bachelors Masters MBA J.D. M.D.
 Ph.D. Vet. Physical Therapy Pharm. Dental

How many years do you estimate you will be in college? _____

I verify that all of the information on this form is accurate and complete to the best of my knowledge. This information will be kept confidential and used only by SSS/TRiO to verify my eligibility.

Applicant's Signature

Date

****FOR OFFICE USE ONLY****				<input type="checkbox"/> FG <input type="checkbox"/> LI <input type="checkbox"/> D
Academic Need Verification – Counselor Intake Statement				
Current GPA:	H.S. GPA:	ACT (SAT):	Academic Probation: Y N	

Academic Index = _____				
Date _____	Signed _____			

EDUCATIONAL ADVANCEMENT PROGRAM

**** Academic Services ***** For Office Use Only ***** Counselor Intake Section

RECOMMENDED SERVICES:

Academic Support	Skill Development	Counseling and Workshops	Cultural Mentoring and Financial Assistance
<p><u>Instructional Component</u></p> <input type="checkbox"/> Chemistry 120, 130 <input type="checkbox"/> Math 119, 123, 125 <input type="checkbox"/> Individual and Group Peer Tutoring	<p><u>Strategies for Academic Success</u></p> <input type="checkbox"/> Goal Setting <input type="checkbox"/> Time Management <input type="checkbox"/> Note Taking <input type="checkbox"/> Teaching, Learning, and Memorization <input type="checkbox"/> Collaborative Learning <input type="checkbox"/> Test Taking Techniques <input type="checkbox"/> You are What You Eat, the Relationship Between Food and Learning <input type="checkbox"/> Effective Communication with Faculty <input type="checkbox"/> The Utilization of Library Technology and Good Grades <input type="checkbox"/> Test Anxiety and Relaxation Techniques <input type="checkbox"/> Learning Styles Inventories	<p><u>Counseling</u></p> <input type="checkbox"/> Academic Coaching <input type="checkbox"/> Financial Aid Advice <input type="checkbox"/> Career Counseling <input type="checkbox"/> Transfer Advisement <input type="checkbox"/> Graduate School Advice	<p><u>Cultural Mentoring</u></p> <input type="checkbox"/> Theatrical Performances <input type="checkbox"/> Cultural Attractions Events <input type="checkbox"/> Critical Film Series
		<p>Workshops</p> <p><u>Career Exploration Seminars and Workshops</u></p> <input type="checkbox"/> Resume Development Electronic Portfolio <input type="checkbox"/> The Graduate School Application Process <input type="checkbox"/> Dining Etiquette and the Employment Internship Interview <input type="checkbox"/> Majoring in the Professions, A Panel Discussion <input type="checkbox"/> Plan B, Academic Recovery: Changing Your Major, A Panel Discussion <input type="checkbox"/> Study Abroad and International Travel <input type="checkbox"/> Graduate School Visitation <input type="checkbox"/> Research Conference Attendance <input type="checkbox"/> Dress for Success Seminar <input type="checkbox"/> Graduate School Experience-Faculty Panel	<p><u>Financial Assistance</u></p> <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Financial Aid Workshop <input type="checkbox"/> Pell Grant Supplement

RECOMMENDATIONS/NOTES: _____

DATE: _____

COUNSELOR/ADVISOR: _____
REV. 1/2016

SIGNATURE: _____

EDUCATIONAL ADVANCEMENT PROGRAM

The University of Tennessee Educational Advancement Program (Student Support Services)

Program Commitment Contract and Waiver of Confidentiality

Name _____ Social Security Number _____

Date _____

This is to certify that I agree to actively participate in the Educational Advancement Program. As an integral part of my participation, I agree to complete all assessments, evaluations, and interest inventories and other data gathering devices as may be needed for research and programmatic evaluation. I understand that it is a program that provides holistic services over the length of my undergraduate/graduate educational experience, and that I should be willing to take advantage of a multiplicity of services including, but not limited to, academic advising, counseling, workshops, special instruction, tutoring, mentoring cultural events, and information exchange.

This is to certify that I agree to waive my rights under the Family Privacy Act (Buckley Amendment), and agree to permit the Educational Advancement Program to have access to my term grades and academic history, and all other academic and cognitive measures deemed necessary by program administrations for successful operation and evaluation of the program. I recognize that my grades will be held in strict confidentiality and only utilized in periodic performance reporting.

In addition to the aforementioned program, I understand the following individuals listed below are allowed to have access to my file. I understand I may revoke this release by completing another Program Commitment Contract and Waiver of Confidentiality.

I wish for none of my information to be released.

I agree for my information to be released to the following individuals below.

Name

Relationship

Name

Relationship

Signed _____

Date _____

EAP Staff _____

EDUCATIONAL ADVANCEMENT PROGRAM

Financial Needs Assessment Income Eligibility Criterion

Financial Aid Office Verification of Family Income

I authorize the financial aid office at: University of Tennessee at Knoxville
(University/College)

to release income tax information, need analysis, and various financial aid information to the Educational Advancement Program at the University of Tennessee, Knoxville.

Student's Signature

Date

Print Name

Student ID Number

(Information below to be provided by your Office of Financial Aid)

AWARD	AMOUNT OFFERED	AMOUNT ACCEPTED
TENNESSEE HOPE		
TENNESSEE PLEDGE		
TENNESSEE PROMISE		
TSAA		
PELL GRANT		
SEOG		
FEDERAL WORK STUDY		
STAFFORD SUB. LOAN		
STAFFORD UNSUB. LOAN		
PERKINS LOAN		
VOLUNTEER SCHOLARSHIP		
FEE WAVIER		
SCHOLARSHIP/FEE WAIVER (SPECIFY)		
SCHOLARSHIP (SPECIFY)		
SCHOLARSHIP (SPECIFY)		
TOTAL AWARD		

The total established need for this student is _____.

The official confidential statement housed in the Financial Aid Office shows the family taxable annual income and family size for the above named student to be:

\$ _____ and _____, respectively. **No FAFSA on file.**
(Income) (Family Size)

Return to: Educational Advancement Program
302 Greve Hall
Knoxville, TN 37996

Office of Financial Aid
REV. 1/2016

******For Office Use Only******

____ Yes (F)
____ No (NF)
____ Insufficient Information

Signature

Date