



2017-2018 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

Have you been diagnosed with a disability? Y N Are you a veteran? 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 _____

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****				____ FG ____ LI ____ D
Academic Need Verification – Counselor Intake Statement				
Current GPA:	H.S. GPA:	ACT (SAT):	Academic Probation: Y N	

Referral Source: _____		Index = _____		
Date _____	Signed _____			

RECOMMEND SERVICES

For Official Use Only

Instructional Component

Chemistry 120____
Chemistry 130____
Mathematics 125____
Individual & Group Peer Tutoring____

Coaching

Academic Coaching____
Financial Aid Advice____
Career Coaching____
Transfer Advisement____
Graduate School Coaching____

Career Exploration Seminars & Workshops

Resume Development____
Graduate School Application Process____
Dining Etiquette____
Employment & Internship Interview____
Plan B, Academic Recovery____
Study Abroad____
Graduate School Visitation____
Dress for Success Seminar____
Research Conference Attendance____
Graduate School Experience____

Academic Success Workshops

Goal Setting____
Time Management____
Note Taking____
Teaching, Learning, & Memorization____
Test Taking Techniques____
The Relationship between Food & Learning Effective____ Communication
with Faculty Library Technology____
Test Anxiety & Relaxation Techniques____
Learning Styles Inventory____
Experiential Shadowing of a Professional Summer Research Institute____
Graduate Record Exam Prep. Course____

Cultural Mentoring

Clarence Brown Theater____

Financial Assistance

Financial Literacy____
Financial Aid Workshop____
Test Taking Techniques____
Pell Grant Supplement____
Budgeting and Spending Coaching Scholarship Search Assistance____

Recommendations: _____

Date

Counselor/Advisor

Signature

EDUCATIONAL ADVANCEMENT PROGRAM

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

Program Commitment Contract and Waiver of Confidentiality

Name _____

Student ID: _____

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

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

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

Signature

Date