



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 (0-29 hours) Sophomore (30-59 hours) Junior (60-89 hours) Senior (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

<b>****FOR OFFICE USE ONLY****</b>				____ 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\_\_\_\_  
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)

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

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