



STUDENT SUPPORT SERVICES PROGRAM

STUDENT APPLICATION

Thank you for applying to the Student Support Services Program at Rider University. Our program offers a range of services that are designed to increase the performance, retention, and graduation rates of students. The information requested in this application enables us to document your eligibility and establish your personal record. Completion of this application and submission of your parent's/guardian's IRS 1040 tax form (*your own, if you are an independent student*) is necessary for acceptance into the program. All information provided will be kept CONFIDENTIAL.

1. Name: _____ 2. SS No. _____ Bronc ID No. _____

3. Present Address (Campus): _____ 4. Present Telephone No.: _____ - _____

5. Permanent Address: _____ City: _____

State: _____ Zip Code: _____ 6. Permanent Home Phone: () _____ - _____ 7. Cell Phone: _____

8. Date of Birth: _____ 8. Age: _____ 9. Gender: Male Female

10. Race/Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> Native American / Alaskan Native | <input type="checkbox"/> Hispanic / Latino |
| <input type="checkbox"/> Asian / Asian American / Pacific Islander | <input type="checkbox"/> White American |
| <input type="checkbox"/> African American / Black | <input type="checkbox"/> Other: _____ |
- (Please specify)*

11. Marital Status: Single Married Separated Divorced

12. What is your dependency status? Dependent student? or Independent student?

13. Do you have any dependents? (children) YES NO
IF YES, How many? _____ Age(s)? _____

14. Who do you live with? (*Check all that apply.*)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Mother and Father/Guardians | <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Mother/Guardian Only | <input type="checkbox"/> Relative(s) | <input type="checkbox"/> Children |
| <input type="checkbox"/> Father/Guardian Only | <input type="checkbox"/> Self | <input type="checkbox"/> Other _____ |
- (Please specify)*

15. Household size? _____
(Include self)

16. Parent's/Guardian's Name: _____

17. Parent's/Guardian's Home Address: _____

City: _____ State: _____ Zip Code: _____

18. Parent's/Guardian's Home Telephone No.: () _____ - _____ Cell: () _____ - _____

19. Have either of your parents attained a 4-year college degree? Mother: YES NO
Father: YES NO

STUDENT APPLICATION, SSS Program

Are you: (Please check Yes or No)

- 20. ___ YES ___ NO A citizen or permanent resident of the United States?
- 21. ___ YES ___ NO A veteran of the United States?
- 22. ___ YES ___ NO An athlete at Rider? If yes, which sport? _____
- 23. ___ YES ___ NO A RAP (Rider Achievement Program) student?
- 24. ___ YES ___ NO An EOP (Educational Opportunity Program) student?
- 25. ___ YES ___ NO A transfer student?

26. IF YOU ARE A TRANSFER STUDENT, which college did you transfer from?

Name _____ Major _____
 City _____ State _____

27. Why are you interested in participating in the Student Support Services Program? _____

28. What services are you interested in receiving? _____

29. Date of Entry at Rider University: _____ 30. Status/Year Classification: _____
 (month & year) (i.e. freshman, sophomore, junior, senior)

31. Number of credits completed: _____ 32. Cumulative GPA: _____ 33. Major(s)/Minor: _____

34. Indicate the college in which are you enrolled at Rider:

- ___ College of Business Administration
- ___ College of Liberal Arts & Sciences
- ___ College of Education
- ___ College of Continuing Studies
- ___ Westminster Choir College (WCC)

35. Expected graduation date? _____

36. Have you ever been dismissed from Rider? ___ YES ___ NO -- If yes: ___ Academic or ___ Judicial Dismissal?

37. Do you have any conditions that may be considered disabling or require accommodation? Yes No
 ___ Learning Disability Please describe: _____
 ___ Physical Disability _____

38. Are you submitting the IRS 1040 Tax Form with this application? ___ Yes ___ No
 If no, why not? _____

STUDENT SIGNATURE

DATE

**NOTE: Completion of this application and submission of your parent's/guardian's IRS 1040 tax form
 (your own, if you are an independent student) is necessary for acceptance into the program.**

For more information on the program please visit:

<http://www.rider.edu/academics/academic-support-resources/student-support-services>

PLEASE RETURN APPLICATION AND TAX FORM TO: Student Support Services Program, Rider University
 2083 Lawrenceville Road, Academic Annex - Room 17
 Lawrenceville, NJ 08648
 Office: 609-895-5614 Fax: 609-895-5507

FOR SSS OFFICE USE ONLY
COHORT AY _____