



Student Support Services (SSS) Application Form

Last Name: _____ First Name: _____

Simpson College Student ID#: _____ Campus phone/cell phone: _____

Preferred Email Address: _____ Campus Mail _____

Permanent Address: City _____ State _____ Zip _____

Permanent Phone: _____ Birth Date: ____/____/____ Sex: M/F

U.S. Citizen: Yes ___ No ___ Permanent Resident: Yes ___ No ___ Social Security #: _____

Ethnicity: Black ___ Hispanic ___ White ___ Asian ___ Pacific Islander ___ Other ___

Parent's Educational Level: Check educational level of each parent.

Father: High School ___ 4 year degree: yes ___ no ___

Mother: High School ___ 4 year degree: yes ___ no ___

Currently reside with: Mother ___ Father ___ Both ___ Independent ___

Other: Do you have a documented disability? Yes ___ No ___
If yes, please attach official documentation and arrange to meet with the
Disabilities Coordinator - Director of Hawley Academic Resource Center.

Have you ever participated in: Upward Bound? Yes ___ No ___

Talent Search? Yes ___ No ___

Are you a non-traditional student? Yes ___ No ___

Are you a transfer student? Yes ___ No ___

If YES, what is first date of entry into a Simpson College _____

At what class level will you be entering or are you in: Freshman ___ Sophomore ___ Junior ___ Senior ___

What is your major: _____ Minor: _____

I certify that the above information is true and correct to the best of my knowledge. I authorize Student Support Services to request and share information with regard to my academic, personal, and professional success and financial aid status. I understand that all information will be held in the strictest confidence by Student Support Services at Simpson College, Indianola, Iowa.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Signature when student is under 18)

Applications are reviewed on a case by case basis – there are a small percentage of students that may meet Simpson low-income guidelines, but not TRiO low-income guidelines

Office use only

Economic Status: Total adjusted gross income for the household: \$ _____
How many dependents are claimed on this income tax form? _____