



Student Support Services (SSS) Application Form

SSSP
Elig.

SSSP
Need

Name: Last _____ First _____ Middle _____

Simpson College Student ID#: _____ Current campus phone: _____

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 ___ College: 1 2 3 4 above

Mother: High School ___ College: 1 2 3 4 above

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

Economic Status: Please state you total taxable income for your household: \$ _____

How many dependents are claimed on this income tax form? _____

Other: Do you have a documented disability? Yes ___ No ___

If yes, please attach official documentation.
and arrange to meet with the Disabilities
Coordinator once you arrive on campus.

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
post-secondary educational institution _____

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

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)