



Missouri State™

U N I V E R S I T Y

APPLICATION FOR SERVICES

DEMOGRAPHIC INFORMATION: 

First Name _____ MI _____ Last Name _____

Social Security Number _____ Email Address _____

Home Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Date of Birth _____ Sex: M _____ F _____

ETHNIC BACKGROUND: 

American Indian _____ African American _____ Caucasian _____
Hispanic _____ Asian/Pacific Islander _____ Other _____

FAMILY BACKGROUND: 

Were you raised by both parents? Yes _____ No _____
If no, who? Mother _____ Father _____ Guardian _____

Did your mother, father, and/or guardian graduate from college with a four year Bachelor's Degree? Yes _____ No _____
If yes, which? Mother _____ Father _____ Guardian _____

FEDERAL PROGRAM PARTICIPATION: 

Have you previously participated in any of the following educational programs?
(check all that apply)
Talent Search _____ Upward Bound _____ Ronald McNair _____
Educational Opportunity Center (EOC) _____

How did you learn about the Trio Student Support Services Program at Missouri State?

If you were referred, by who? _____

EDUCATION: _____

Have you previously attended a 2 year or 4 year college? Yes _____ No _____ If yes, where?

When was your last semester? _____

Current Classification: FR _____ SO _____ JR _____ SR _____ Other _____

Are you enrolled in classes for the current semester? Yes _____ No _____

If yes, number of credit hours? _____

If no, what is the next semester and year you will enroll in classes at Missouri State?

Semester _____ Year _____ How many credit hours will you take? _____

Are you currently on academic probation? Yes _____ No _____

Are you currently having academic problems in one or more classes? Yes _____ No _____

If yes, which one(s)? _____

Do you intend to earn a Bachelor's degree from Missouri State? Yes _____ No _____

If yes, what is your intended major(s)? _____ Minor _____

What is your intended graduation date? Year _____ Semester _____

Will you pursue a graduate degree? Yes _____ No _____ Maybe _____

FINANCIAL AID INFORMATION: _____

Do you have an application for Federal Financial Aid (FAFSA) on file with the financial aid department? Yes _____ No _____

If no, why? _____

**PLEASE PROVIDE A COPY OF YOUR (OR YOUR PARENTS')
TAX RETURNS FOR LAST YEAR**

SIGNATURE _____ DATE _____