

**Fort Valley State University**

**1005 State University Drive**

**Fort Valley, GA 31030**

**Phone: (478) 822- 1074**

**Fax: (478) 825-7928**

**Student Support Services**

**Interest Application**

 **2016-2017**

Please complete the following interest application and return to the above address (mail or fax); your or a SSS staff member. You will be contacted in order to receive more information about the SSS Project within a few days.

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| Name: | Student ID: |
| Mailing Address:  |
| City | State  | Zip: |
| Cell Phone Number: | Home Phone Number: |
| Birthdate: | Email Address: |
| Citizenship:  United States Citizen Permanent Resident Alien Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |
| Did your MOTHER graduate from college with a 4-year degree? NO YESDid your FATHER graduate from college with a 4-year degree? NO YES Are you receiving financial aid? 􀂉 Yes 􀂉 No If Yes, are you considered an 􀂉 Independent Student OR 􀂉 Dependent StudentIf No, check the reason(s): 􀂉 Have not applied 􀂉Was not eligible 􀂉 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current Classification: Freshman Sophomore Junior Senior When was your first semester at FVSU Month \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_ Number of course hours completed:\_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ What degree are you seeking? 􀂉 Bachelors 􀂉 Grad Student  |
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I am interested in learning more about the SSS Project of FVSU. Please call me or send me a SSS Application Packet to the address above.

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 Signature Date

*Applications are accepted for review regardless of race, color, national origin, religion, gender or disability (U.S. Dept. of Education -GEPA Section 427).*

***Educational Talent Search Project***

***(ETS)***