

Interested in better grades?

Free one-to one tutoring in both basic and advanced subjects

Free editing service both on-line and drop off

Lending textbook library

Free access to computer and printer

Other student support services are available!

Let us be your home away from home. Get to know us and we'll be there to support you.

If **any** of the following criteria apply to you, complete the attached application for Project CONNECT today and take it to Dr. Christensen's office in TEC 334 (Phone: 936-294-1694):

- ✓ Neither parent graduated from a 4-year college
- ✓ Documented disability
- ✓ Low-income



Project CONNECT is a Department of Education
Student Support Services Program
CFDA Number: 84.042A

FATHER (OR GUARDIAN)

Occupation: _____

Highest Grade Completed: _____ 1 2 3 4 5 6 7 8 9 10 11 12

College: _____ 1 2 3 4

Highest Degree Earned, if any:

Associate's Baccalaureate's Master's Doctorate

FINANCIAL INFORMATION

Have you applied for Financial Assistance?

Yes No Date Applied: _____

Income Status:

What was your family's **Household Taxable Income** for the past filing year? (Household Taxable Income is household income after deductions are taken. It can be found on your federal tax form 1040EZ Line 6, 1040 Line 25, or 1040 Line 39.) _____

Number of people in Household _____

Do you have a federally recognized disability? Yes No

Explain: _____

INDIVIDUAL NEEDS ASSESSMENT

Below is a list of services available through Project CONNECT. Please indicate any services you would find beneficial to your academic success over the next academic year.

- | | |
|---|---|
| <input type="checkbox"/> Study Groups | <input type="checkbox"/> Paper Editing |
| <input type="checkbox"/> Computer Assisted Labs (SHSU only) | <input type="checkbox"/> Peer Tutoring |
| <input type="checkbox"/> Professional Tutoring | <input type="checkbox"/> Study Skills Workshops |
| <input type="checkbox"/> Information Workshops | <input type="checkbox"/> Textbook Lending Library |
| <input type="checkbox"/> Career/Major Counseling | <input type="checkbox"/> Personal Counseling |
| <input type="checkbox"/> Financial Aid Counseling | <input type="checkbox"/> Academic Advising |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Cultural Activities |

Have you participated in other TRIO Programs? Yes No

Educational Talent Search Upward Bound Student Support Services

At what school? _____

CONSENT TO RELEASE

I understand that Project CONNECT needs access to my financial, personal, and academic information in order to provide the best possible support for me at _____ (list institution). Therefore, I agree to release such information to the Project CONNECT staff members as long as I am considered an active Project CONNECT participant or a student at said institution. I further understand that all released material will remain confidential. Academic information and disability verification, however, will be shared with faculty, university departments, the coordinator for services to students with disabilities, and appropriate representatives of the U.S. Department of Education only as necessary.

I also agree to allow my name and/or picture to be printed in any Project CONNECT newsletter, publication, or display in recognition of academic success, leadership, or graduation.

By my signature, I certify that I am eighteen years old or older, that I have read and understood this Consent to Release and that I am capable of giving such consent and do so voluntarily.

Signature

Date

PROJECT CONNECT SERVICES CONTRACT

This contract is an agreement between the Project CONNECT program and me.

I agree to:

- Attend the New Student Orientation session
- Meet with my assigned support specialist at least 4 times a year
- Review an individualized degree plan for Project CONNECT academic support and implement it to the best of my ability
- Utilize Project CONNECT academic support services, academic counseling, personal support, and handouts
- Effectively utilize additional university resources as recommended by my Project CONNECT staff
- Check my student e-mail account regularly and respond to all Project CONNECT correspondence
- Keep Project CONNECT informed of any changes in name, address, phone number, marital status, dependents, etc.
- Return any Project CONNECT properties such as books, calculators, etc.

I understand and agree to each of the above responsibilities and privileges:

| | |
|-------------------|------------------------|
| Student Name | Social Security Number |
| Student Signature | Date |

I verify that all the information on this form is accurate and complete to the best of my knowledge. This information will be kept confidential and will be used to determine eligibility and to develop a program of services. I hereby give the Project CONNECT program permission to obtain information regarding my financial and academic status, to include mid-term grades from instructors. If I identify a disability, I grant permission to release necessary information to Project Connect staff for the purpose of verifying eligibility. If accepted, I will participate as required by the Project CONNECT program.

| | |
|--|------|
| Student Signature | Date |
| Parent Signature (<i>Required if student is under 18 years of age</i>) | Date |

Please return the completed application to room 334 of the Teacher Education Center or mail your completed application to **Box 2119 SHSU, Huntsville, TX 77341-2119**. You will be notified if you are accepted into the program. If you have questions or concerns, please call our office at (936) 294-1694 or (936) 294-1615.
