



Grand Valley State University
College of Education
TRIO Teacher Preparation Student Support Services
(TPSSS) Application

APPLICATION CHECKLIST

Are you interested in a profession in K-12 education?

If you are a current college student and have completed at least one semester:

- Have you enclosed all college transcripts?
- Have you printed, signed and dated the application?
- Have you enclosed a recommendation from a college professor?

You may be eligible for TPSSS if you meet the following requirements:

- First generation college student
- Federal income guidelines

Please return your application to:

TRIO Teacher Preparation Student Support Services
(TPSSS)
College of Education
Grand Valley State University
396C DeVos
401 W. Fulton St.
Grand Rapids, MI 49504



For more information visit: www.gvsu.edu/tpsss
or contact the TPSSS Office at 616.331.6870

Grand Valley State University

TRIO Teacher Preparation Student Support Services (TPSSS) Application

PERSONAL INFORMATION (Please Print Legibly):

Name (last first middle): _____
Last First Middle

Date of Birth: ____/____/____ SS# ____-____-____ G# _____

Permanent Address: _____
Street or PO Box City State Zip

Permanent Phone: _____ Cell Phone: _____

Local Address (if known): _____
Street or PO Box City State Zip

Local Phone (if known): _____ Primary E-Mail: _____

| | |
|---|--|
| 1. Ethnicity/Race: (Check all that apply) This information is for federal reporting purposes. <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White | 2. Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer |
|---|--|

ELIGIBILITY:

| | |
|--|---|
| 3. Have you filed a FAFSA for this academic year? <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Are you homeless or do you lack an adequate nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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5. Has your mother/guardian with whom you live/lived earned a 4-year college degree? Yes No

Has your father/guardian with whom you live/lived earned a 4-year college degree? Yes No

Which parent did you regularly reside with and receive support from during your childhood (i.e. until you were 18 years old)? Mother Father Both Neither Mother nor Father

| | |
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| 6. Which of the following are you? <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other: _____ | 7. Were you ever a part of the foster care system or deemed a ward of the court? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

8. Have you participated in any of the following student support service programs? (Check all that apply)
 TRIO Talent Search TRIO Upward Bound TRIO Gear Up Oliver Wilson Freshman Academy Other _____

| | |
|---|--|
| 9. Class Standing: <input type="checkbox"/> First-Year Student (Below 25 completed credits) <input type="checkbox"/> Sophomore (Below 55 completed credits) <input type="checkbox"/> Junior (Below 85 completed credits) <input type="checkbox"/> Senior (85 completed credits+) | 10. This semester I am/will be enrolled: <input type="checkbox"/> Full-time (12 or more credit hours) <input type="checkbox"/> Part-time (Less than 12 credit hours) <input type="checkbox"/> Currently not enrolled |
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| 11. Are you interested in becoming a K-12 teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No If decided, what is your major? _____ | 12. Do you have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

13. Check all areas in which you feel TPSSS staff may be able to assist you in the future:

| | |
|--|--|
| <input type="checkbox"/> Academic Advising and Scheduling Assistance <input type="checkbox"/> Study Abroad Advising <input type="checkbox"/> Budgeting and Money Management <input type="checkbox"/> Graduate School Counseling <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Scholarship and Financial Aid Information <input type="checkbox"/> Secondary Admission Assistance <input type="checkbox"/> Motivational and Personal Counseling <input type="checkbox"/> Tutoring and Academic Support <input type="checkbox"/> Study Skills/Time Management Assistance |
|--|--|

14. How did you hear about TPSSS?

| | |
|---|--|
| <input type="checkbox"/> A counselor/advisor at another school/college <input type="checkbox"/> TPSSS Mailing <input type="checkbox"/> Other: _____ | <input type="checkbox"/> A GVSU faculty or staff member outside of TPSSS <input type="checkbox"/> A friend/family member who is a participant |
|---|--|

15. If you are a current college student and have completed at least one semester, please include a recommendation from a college professor as part of your application.

16. Please complete the career goal statement located on the next page (or attach a word document).

PLEASE READ CAREFULLY BEFORE SIGNING:

By signing below, I agree that I have read and understand the following:

- I understand that my commitment to TPSSS is for one year and that I am expected to meet with my advisor regularly.
- I understand that TPSSS will collect information about my participation in the program for the purposes of developing statistical data, evaluating program efficacy, and assessing my academic, and/or career needs.
- I understand that TPSSS may use my name and/or picture in promotional materials, including (but not limited to) their newsletter, website, and brochure.
- I understand that TPSSS may provide a list of participants to campus departments as deemed beneficial to the service of students enrolled in the program.
- I authorize the TPSSS program to gather information concerning my academic record from the Registrar's Office, and my FAFSA from the Financial Aid Office prior to my participation and throughout my involvement in TPSSS. I understand that this information is used to assist in the determination of my eligibility for the TPSSS program and it will be held strictly confidential.
- I understand I am giving permission to TPSSS staff and financial aid staff to access my records and financial aid information in order to determine if I meet federal income guidelines.

Applicant's Signature Applicant's Name Printed Date

Career Goal Statement – please complete the following (or attach a Word document):

What motivates you to become an educator? What unique qualities would you bring to the classroom?

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