



Application for Services

Please complete this eligibility form, detach, and return in the provided envelope.

Students interested in becoming a member of the ACE Program must meet the eligibility requirements as set forth by the U.S. Department of Education for TRiO programs. All student information is confidential.

The University of Pikeville **ACE Program** will respond to let you know if you are eligible.

STUDENT INFORMATION SECTION: (TO BE COMPLETED BY STUDENT)

Last Name: _____ First Name: _____ MI: _____ Student ID: _____

SSN: _____ Date Of Birth: ____/____/____ Gender: Male Female

Home Address: _____ City _____ State _____ Zip _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____ E-mail: _____

College Classification:

- First Semester Freshman Freshman, attended before Sophomore, (30+ hours) Junior, (60+ hours)
- Senior, (90+ hours)

Collegiate Sport: _____

Have you previously participated in one of the following TRiO programs?

Upward Bound Yes No Education Talent Search Yes No Student Support Services Yes No

Select the highest level of education completed by your parents.

Father: High School Two-year college degree Four-year college degree Other _____

Mother: High School Two-year college degree Four-year college degree Other _____

Were you referred for services? Yes No If yes, who referred you? _____

Do you have a documented disability? Yes No If yes, please explain: _____

Have you declared a major? Yes No If yes, please list: _____

RELEASE OF INFORMATION

I certify all information provided in this application to be true and correct. I authorize the ACE Program to access my University of Pikeville school records, including academic records, financial aid awards, FAFSA, and disability reports. I further authorize the ACE Program to release my name and/or picture to provide recognition in all Student Support Services print and digital publications.

Student Signature

Date