

For Office Use Only  
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**2017-2018 Academic Year**

For Office Use Only

**Multilingual Achievers Program (MAP) Application**

MAP is a federally funded program requiring information to determine eligibility. All information supplied is kept strictly confidential.

Name (please print): \_\_\_\_\_ SSU ID #: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City, State Zip

SSU E-mail address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No OR Permanent Resident?  Yes  No  Male  Female

\*If not a U.S. Citizen or Permanent Resident, services will be provided by Writing Center Tutors.

Do you know language(s) other than English?  Yes  No

Which language did you learn first?  English  Other Language  Learned both at same time

**Academic Level: Only students who do not possess a Bachelor's Degree may use MAP services.**

1. First-Year Freshman     2. Freshman     3. Sophomore     4. Junior  
 5. Senior (4<sup>th</sup> year)     6. Senior or other undergraduate (5<sup>th</sup> year or beyond)

**Ethnicity:** Are you Latino/Hispanic?  Yes  No

**Race:** Check all that apply:  1. Native-American or Alaskan Native     2. Asian  
 3. Black or African American     4. White     5. Native Hawaiian or other Pacific Islander

1. Income Eligibility: Have you applied for financial aid (or filed a FAFSA) at SSU?

- Yes    If yes, data will be obtained from the Financial Aid Office.  
 No    If no, you may be asked to provide tax documents to determine eligibility.

2. First-Generation Student Eligibility: Check any of the following that apply:

- Neither of my parents (biological or adoptive) possess a bachelor's degree.  
 Prior to the age of 18, the primary parent that I lived with did not possess a bachelor's degree.  
 Prior to the age of 18, I did not live with or receive support from a biological or adoptive parent.  
 Prior to the age of 18, I lived with at least one parent who possessed a bachelor's degree.

3. Disability Eligibility:

- Are you a student with a physical disability? . . . . .  Yes  No  
Are you a student who has been diagnosed with a learning disability? . . .  Yes  No  
Are you registered with SSU's Disability Services for Students (DSS)?  Yes  No

Are you enrolled in EOP?  Yes  No

Have you ever used *United For Success* services before?  Yes  No    If yes, what year? \_\_\_\_\_

***-The information on this application is true and accurate to the best of my knowledge:***

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_