



The Student Enrichment Program provides services and a supportive environment to equip first generation, low income and/or students with disabilities with skills to be successful in college. The purpose of this federally funded TRIO Student Support Service is to increase the retention and graduation rates of this student population.

Step 1: Personal Information

Name: (First) (MI) (Last)

Student ID (V Number): Preferred Name:

Gender: Birth Date: \ \ WOU E-mail:

Address: (Street/ PO Box) (City/ State/ Zip Code)

Local Address (at WOU if known): (Street/RSC Box) (City/Zip Code)

Telephone: Primary/preferred/cell phone Home (optional) Other (optional)

Status: Married Single Term of entry to WOU: Grade Level: FR SO JR SR

Veteran: Yes No College Transfer Student: Yes No

Ethnic/Racial Background (check all that apply): The Federal Government refers to Hispanic as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- American Indian/Alaskan Native Hispanic or Latino
Asian Native Hawaiian or Other Pacific Islander
Black/African American White

RELEASE OF CONFIDENTIAL INFORMATION

My signature below indicates that I hereby give my permission for the release of the following confidential information to the Western Oregon University Student Enrichment Program:

- Midterm and Final Grades
Financial Aid Records
Standardized Test Scores/Assessments
Disability Documentation (if applicable)
Educational Records/Transcripts/Registration Information
Contact with Professors, Counselors, Tutors, Vocational Rehabilitation, Veteran's Affairs

I understand that all information released and discussed will be utilized only for the benefit of my educational program at WOU. I understand that my Social Security number will only be used by SEP for educational reporting purposes.

I certify that I have provided complete and accurate responses to the items on this application. I further certify that, to the best of my knowledge, all official documents submitted in support of this application are authentic and unaltered.

Student Signature: Date:

Step 2: Eligibility

Please answer "yes" or "no" to the following questions to help us determine your eligibility.

Are you a U.S. citizen or permanent resident? _____

If not, have you been admitted to WOU under the DREAM Act/OR HB 2787? _____

Does your mother or father or legal guardian have a Bachelor's degree? _____

Do you feel you may be eligible to participate in the Student Enrichment Program due to a disability? _____

If so, documentation needs to be approved by the Office of Disability Services (ODS). Have you applied for services with ODS? _____

Have you taken the ACT's or SAT's? Yes or No

If not, when do you plan on taking them? _____

Step 3: Academics

High School/ City/ State: _____ Graduation Date: _____

Have you completed any college transfer credits? _____

If so, name and location of college(s): _____

Major: _____ Minor: _____

Career Goal: _____

Have you participated in a TRIO program before? If so, which one? _____

How did you hear about the Student Enrichment Program (TRIO SSS)? _____

Use the following scale to express how confident you are in:

Math: 0 1 2 3 4 5

Reading: 0 1 2 3 4 5

Writing: 0 1 2 3 4 5

Step 4: Essay Questions

Please answer both questions, typed, on a separate sheet of paper.

1. What SEP/TPSSS services would you be most interested in receiving? What interests you most about the services you selected and how will they benefit you?
2. Tell us about your greatest challenges, academically and/or personally. How do you think these challenges might impact your college experience?

Step 5: How to Submit Your Application

Online

www.wou.edu/sep
Click on "How to apply"

Mail/Walk-in

Student Enrichment Program
Western Oregon University
345 N Monmouth Ave
Monmouth, OR 97361

Fax

503-838-8028

Email

sep@wou.edu

Your application will be complete once we receive the following items:

- Signed and completed application
- Attached essays

*If you have any questions, feel free to contact us at 503-838-8550.
Thank you.*

Priority Deadline: June 30

*Applications are reviewed until the program is full.
Students on the Waiting List will need to reapply on
June 1st of the current year for continued consideration.*

For Office Use Only

Referrals: (i.e., HS Counselor, TRIO Advisor): _____

Date Stamp: _____

FG Accepted _____

Funding:

Admit Status: _____

LI Denied _____

TRIO _____

DA Wait List _____

WOU _____

FG/LI

Academic Need: _____

DA/LI

Assigned Advisor: _____

Director's Signature: _____ Date: _____