



STUDENT SUPPORT SERVICES

UNIVERSITY OF OKLAHOMA
PROJECT THRESHOLD
601 ELM AVENUE ROOM 517
PHYSICAL SCIENCE CENTER
NORMAN, OKLAHOMA 73019-3104

STUDENT APPLICATION

OFFICE USE ONLY:

INST ENTRY: _____ LI [] E []
GROSS NEED: _____ FG [] IE []
TOTAL AID: _____ DIS []
ACAD NEED: _____
CURRENT OU RETENTION GPA: _____ Hrs: _____

DATE: _____

HOW DID YOU HEAR ABOUT PROJECT THRESHOLD? _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

SOCIAL SECURITY NUMBER: _____ SOONER I.D. NUMBER: _____

OU ADDRESS: _____ BIRTHDATE: _____

PHONE: _____ EMAIL: _____

HOME ADDRESS: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Ethnic Identity: (optional)

- [] American Indian [] Black or African-American [] Hispanic or Latino
[] Asian [] Native Hawaiian/Pacific Islander [] White
[] Other (specify) _____

- 1. Are you receiving Vocational Rehabilitation Assistance? Yes [] No []
2. Are you a U.S. citizen? Yes [] No []
3. Are you a veteran? Yes [] No []
4. Has either parent graduated from a four-year college? Yes [] No [] Bachelor's []
5. Have you participated in these federal programs? Talent Search [] Upward Bound [] Student Support Services []
6. What is your marital status? Single [] Divorced [] Widowed [] Married [] Separated []
7. Number in household: _____ Adults _____ Dependents _____
8. Annual Gross Income: _____

Project Threshold has my permission to receive copies of my educational records and other materials necessary for participation in Student Support Services at the University of Oklahoma.

I declare that the information that is provided by me for this participation is true and correct to the best of my knowledge.

Signature: _____

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