

**ABRAHAM BALDWIN AGRICULTURAL COLLEGE
STUDENT SUPPORT SERVICES
STUDENT APPLICATION**

PLEASE PRINT LEGIBLY

NAME: _____ SSN/ABAC ID: _____
(last, first, middle initial)

CURRENT ADDRESS: _____
(street address, city, state, zip) (If you live at ABAC Place, please indicate your hall, room #, and ABAC box # above)

CURRENT PHONE #: _____ PERMANENT PHONE #: _____

PERMANENT ADDRESS: _____
(street address, city, state, zip)

E-MAIL ADDRESS: _____

U.S. citizen? YES NO Veteran: YES NO Date of birth: _____

Ethnic background:

- American Indian/Alaskan Native
- Asian
- Black/African-American
- Hispanic/Latino

- Native Hawaiian/Other Pacific Islander
- White
- Multi-racial
- Other (specify) _____

Have you participated in the following programs?

- Equal Opportunity Center
- Student Support Services
- Talent Search
- Upward Bound

Original enrollment (semester or quarter, and year) with ABAC:
 Summer Fall Winter Spring Year: _____

Academic Major: _____ Academic level: freshman sophomore

Are you on academic probation? YES NO

Are you receiving a financial aid package? YES NO

Do either of your parents have a four-year college degree? YES NO

Do you have a college degree? YES NO

Highest level of education: Father _____ Mother _____

Do you have a physical disability? YES NO

Do you have a diagnosed learning disability? YES NO

Do you need tutoring services? YES NO

In which courses? _____

I certify that the above information is true and correct to the best of my knowledge. I authorize Student Support Services to have access to my school records for program purposes and understand that the information contained therein will be held in strict confidence.

Student Signature

Date