

**Student Success Training
Sponsored by the University of Kansas
School of Social Welfare**

This application **MUST** be filled out by the applicant and all three pages must be filled out completely to be considered

Personal Information

Name: _____
Last First

Address: _____
Number and Street Apartment number if applicable

City **State** **Zip** **Telephone**

Transportation: although we encourage you to find your own transportation to and from class, we will be willing to help you find transportation as a last resort.

Will you need help finding transportation? yes no

ACADEMIC HISTORY: List chronologically all colleges/universities, vocational/technical schools, and high schools attended. (Begin with the most recent)

Name and Address	Attendance	Degree y/n	Major
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

If you need to, attach additional pages to the back of this application packet

Please Note: The Student Success Training encourages applications from underrepresented group members. Federal and state legislation prohibit discrimination on the basis of *race, religion, color, national origin, veteran status, disability, ancestry, sex and age*. In addition, our policies prohibit discrimination on the basis of *sexual orientation, marital status, and parental status*. For research purposes, the Student Success Workshop is seeking certain data from its applicants. Completion of this form is **voluntary** and all information will be treated as confidential to the admission process

<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Veteran
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Disability
Age _____	<input type="checkbox"/> Black/African American	
	<input type="checkbox"/> Hispanic	
	<input type="checkbox"/> White	

Have you ever been convicted of a felony?

- Yes
- No

(If yes, give the date, nature of offense or proceeding, name and location of the court, and disposition of the matter. Conviction of a crime will not necessarily disqualify an applicant. Decisions will be reached on an individual basis.)

I certify that, to the best of my knowledge, the information stated on this application and in any supporting documents submitted is true and complete. I also certify that, should events occur prior to the date of enrollment in the Student Success Workshop that significantly changes any aspect of this application; I will share them with the Student Success program staff. I understand that intentional falsification, misrepresentation, or failure to supply required information in connection with this application is sufficient cause for denial of my application or dismissal.

Signature of Applicant _____

Date _____

Send this application packet to:

Student Success Training
 The University of Kansas School of Social Welfare
 2706 Iowa Suite C
 Lawrence, Kansas 66046

Tell Us about You:

In short paragraphs could you please answer the following two questions?

Why do you want to take the Student Success Training?

How much progress have you made in your recovery and how well defined is your support system?

If you have any questions regarding the training or the application process, please contact:

Dinah Dykes at 877/458-6804 (Ext. 109)

E-mail address: ddykes@ku.edu

*****INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED*****
APPLICATIONS NOT COMPLETED IN THE APPLICANTS OWN HAND MAY NOT BE CONSIDERED