**Saint Louis University**

**SOAR Program Application**

**Students’ Opportunity for Achievement and Resources**

**You may complete this application by emailing a copy to: lindsay.gonterman@slu.edu**

**Part I: Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *Last* | *First* | *Middle* |
| Banner ID: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SLU Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

How did you learn about SOAR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II: Academic Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Major | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Academic Advisor | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Minor | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | SLU Cum. GPA | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Year in School: | Freshman (0-29) | Sophomore (30-59) | Junior (60-89) | Senior (90+) |
| Cumulative Credit Hours | \_\_\_\_\_\_\_\_\_\_\_\_ | Year you plan to graduate: | \_\_\_\_\_\_\_\_\_\_ |

Are you a transfer student? 🞏 Yes 🞏 No

Are you registered, or do you plan to register, with disability services? 🞏 Yes 🞏 No

**In what areas do you feel you need to grow/develop?** (Check all that apply)

|  |  |
| --- | --- |
| Academic Skills |  Career Development Skills |
| * Time Management
 | * Interest Testing/Career Choice
 |
| * Study Skills
 | * Choosing a Major
 |
| * Test Taking
 | * Career Guidance
 |
| * Note Taking
 | * Resume Design
 |
| * Learning Strategies
 | * Interviewing
 |
| * Reading Speed
 | * Job Searching
 |
| * Reading Comprehension
 | * Career Information
 |
| * Essay Writing
 | * Salary Negotiation
 |
| * Research Writing
 | * Graduate School Information
 |
| * Vocabulary
 | * Faculty/Career Mentoring
 |
| * Organization
 |  |
| * Proofreading
 | Life Skills |
| * Spelling
 | * Peer Mentoring
 |
| * Basic Computer Skills
 | * Goals/Decision Making
 |
| * Basic Math
 | * Problem Solving
 |
| * Finite Math
 | * Financial Literacy
 |
| * Algebra
 |  |
| * Academic Advising
 |  |

Can you think of anything else that might keep you from completing your degree?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part III: Family Information**

|  |  |
| --- | --- |
| Parent/Guardian Name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Highest Level of Schooling Completed |  |
| 🞏 Elementary Level (grades 1-5) | 🞏 Associate’s Degree |
| 🞏 Secondary Level (grades 6-12) | 🞏 Bachelor’s Degree |
| 🞏 Some College, No degree | 🞏 Graduate Degree |

|  |  |
| --- | --- |
| Parent/Guardian Name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Highest Level of Schooling Completed |  |
| 🞏 Elementary Level (grades 1-5) | 🞏 Associate’s Degree |
| 🞏 Secondary Level (grades 6-12) | 🞏 Bachelor’s Degree |
| 🞏 Some College, No degree | 🞏 Graduate Degree |

🞏 Check here if you are from a single-parent household and lived with a parent prior to the age of 18 and that parent did not receive a four-year degree.

🞏 Check here if prior to the age of 18 you did not live with, or receive support from, a natural or adoptive parent and are considered an orphan or a ward of the court.

**Part IV: Financial Aid Information**

Do you have a Federal Pell Grant as part of your current year financial aid package? Yes No

**Part V: Essay**

Please address the following two questions (you may use additional pages as needed):

1. Why would you like to be a participant in the SOAR Program?
2. What will you do in the program to be an active participant and a successful college student?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Part VI: Authorization and Affirmation**

This application must be signed before submitting

1. I hereby authorize Saint Louis University SOAR Program staff to obtain academic, financial aid and other information pertinent to my participation in the SOAR Program. I also authorize the Saint Louis University SOAR Program staff to verify whether or not I am registered with Disability Services at Saint Louis University (no details regarding the disability/medical documentation will be shared, simply the registration status and accommodations).
2. I understand that a copy of my application will be kept on file at the SOAR Program office and that the resulting information received from advisors, admissions, financial aid, instructors, etc., will be kept in compliance with the Family Education Rights and Privacy Act.
3. I understand that submission of an application to join Saint Louis University SOAR Program does not guarantee my admission into the program.
4. I affirm to the best of my knowledge that the information I have provided is true and correct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Eligibility: | FG Only | Pell Only | FG & Pell | D only | D & Pell |
| Academic Need:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Admitted: | Yes | No | SOAR Advisor: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorizing Signature:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |