What is the Expanding Horizons Program (EHP)?
Expanding Horizons contributes to Fitchburg State University’s overall mission to prepare students to lead, serve, and succeed by fostering lifelong learning and civic and global responsibility. We provide services to 160 first-generation, low-income, and/or students with disabilities as they pursue a college degree from Fitchburg State University. Our goal is to enhance student success through the facilitation of various campus initiatives that support student retention and graduation.

Our Services
» Academic counseling, including study skills and time management skills training
» Individualized academic assessment
» Group and individual tutoring with professional and/or peer tutors
» Support of Peer Mentors
» Pre-semester orientation for eligible freshmen and transfer students
» Pre-advising and assistance in course selection
» Mid-semester progress reports from faculty
» Career counseling, including resume development/preparation
» Social and cultural activities and events
» Use of EHP office and computer lab
» Financial literacy education and financial aid advising including federal Pell grants, loan forgiveness programs, public and private scholarships and assistance in completing FAFSA
» Admission and financial counseling for graduate and professional programs

Eligibility
Students are eligible to apply for TRiO Student Support Services at Fitchburg State if they meet the following U.S. Department of Education guidelines:
» Are enrolled in a Fitchburg State University undergraduate degree program or accepted for enrollment at Fitchburg State University (must be working toward first bachelor’s degree)
» Are a citizen of the United States or have permanent residency
» Are in need of academic support
» Meet at least one of the following criteria:
  i) Neither parent graduated from a four-year college or university
  ii) Meet government income guidelines based on taxable income* (listed on page 3)
  iii) Have a documented physical, mental, learning or ADD/ADHD disability

How do I apply?
Students are required to be accepted for enrollment and deposited to Fitchburg State University prior to being considered for enrollment in EHP.

The Department of Education requires documentation of eligibility for participation in this program. Therefore, students must complete the enclosed application in order to be considered for membership in EHP.

Federal requirements also mandate that approximately two-thirds of all students enrolled in the Expanding Horizons Program meet federal low-income guidelines. Because of this requirement, students might not be accepted to the program on a first-come, first-served basis.

Please complete the application to the best of your ability; missing or incomplete information will delay your application process. Contact our office if you have any questions.
EXPANDING HORIZONS STUDENT APPLICATION

Last Name: ___________________________ First Name: ___________________________ Middle Name: ___________________________

Date of Birth: ___________________________ Social Security Number: ___________________________

Email Address: (PRINT CLEARLY) ________________________________________________

Home Street Address/Apt. Number: ________________________________________________

City __________________________________ State __________________________ Zip Code: ___________________________

Home Phone: ___________________________ Cell Phone: ___________________________

Gender: □ Male  □ Female Are you a veteran: □ Yes  □ No

Have you attended college before: □ Yes  □ No Do you plan to live on campus: □ Yes  □ No

Have you ever belonged to a TRIO program? (Upward Bound, Student Support Services, Talent Search, Upward Bound Math Science, Educational Opportunity Center): □ Yes  □ No

Country of Citizenship: ___________________________

If other than USA, indicate Visa type: ___________________________ Resident Alien Number: ___________________________

Are you bilingual or multilingual? □ Yes  □ No Language(s) (other than English): ___________________________

Race/Ethnicity (Check all that apply): □ (1) American Indian or Alaska Native □ (2) Asian
□ (3) Black or African American □ (4) Hispanic or Latino
□ (5) White/non-Hispanic □ (6) Native Hawaiian or other Pacific Islander

Have either of your parents completed a four-year (bachelor’s) degree?: □ Yes  □ No

Do you have a documented disability? □ Yes  □ No

Your disability must be verified with the Fitchburg State University Disability Services Office. Are you currently registered with the Fitchburg State University Disability Services Office? □ Yes  □ No

Please describe your disability and how it affects your learning (optional): ________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Financial Information

Financial information should be obtained from the parent’s most recent tax information unless any of the following criteria apply:

- Student is over 24 years of age
- Student is married, a veteran, or otherwise legally emancipated
- Student has legal dependents other than a spouse whom the student supports at least 50% of the time.

Federal TRIO Programs Annual Low Income Levels

- Use tax form filed for the most recent tax year
- Find the “taxable income” reported
  - Form 1040, refer to Line 43
  - Form 1040A, refer to line 27
  - Form 1040EZ, refer to Line 6
- In the table to the right, if the amount of “taxable income” reported is equal to or less than the dollar amount for your size family, then check Yes. Otherwise, check No.

Based on the criteria and the table above, do you meet the TRIO Low Income Criteria? □ Yes □ No

If “YES” is checked you must provide proof of income (tax forms, social security, etc.)

Certification

We certify that any information which we have provided is true and correct to the best of our knowledge. We understand that Expanding Horizons staff will use the data provided on this application form to assist in assessing any academic and/or career planning needs and that all of the information will be used in the strictest confidence.

By signing this form, we authorize Expanding Horizons to obtain any and all financial and academic information and/or disability documentation necessary for processing and on-going evaluation of my academic pursuits. We also understand that the Expanding Horizons staff will assist me in achieving my academic goals only if I fulfill my obligations and that failure to meet my responsibilities as required can result in suspension or termination from the program.

Student must sign this application. If parent’s information was required to complete this application, then parent’s signature is also required. Applications missing necessary signatures may be returned unprocessed.

Student Signature: __________________________________________ Date: ______________________

Parent Signature: __________________________________________ Date: ______________________

(must have parent signature if under age 24 and considered a dependent)

All information provided in this application is held under strict confidentiality by EHP staff.

OFFICE USE ONLY

Student Cohort Year: ________________________________ First Enrollment Date at FSU: ________________________________

Eligibility: __________________________________________ College Grade Level (entry to EHP): ________________________________

1=Low-Income and First-Generation 1=1st year, never attended
2=Low-Income Only 2=1st year, attended before
3=First-Generation Only 3=2nd year, sophomore
4=Disabled 4=3rd year, junior
5=Disabled and Low-Income 5=4th year, senior
6=5th year/other undergrad

Student ID: __________________________
What is your need for academic support in the Expanding Horizons Program? (Check all that apply)

☐ Academic Counseling
☐ Selecting Courses
☐ Test Taking Skills
☐ Study/Note Taking Skills
☐ Time Management/Organizational Skills
☐ Writing Skills
☐ Tutoring
☐ Academic Preparedness for College Level Course Work
☐ Increase Grade Point Average in Required Courses
☐ Financial Literacy Education
☐ Financial Aid Assistance
☐ Scholarship Assistance
☐ Assistance with Educational and/or Career Goals
☐ General Career Counseling
☐ Interviewing Techniques
☐ Obtaining an Internship
☐ Preparing a Resume
☐ Applying to Graduate/Professional Schools
☐ Graduate School Visits
☐ Peer Mentoring Program

Why are you interested in EHP?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

What are your academic and career goals?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

If accepted into the Expanding Horizons Program, you must commit to the following:

• Meet with your assigned EHP Counselor at least TWO (2) times a semester.

• Attend a MINIMUM of THREE (3) EHP workshops or academic enhancement events each semester.

• Review your mid-term progress reports each semester and discuss your grades with your assigned EHP Counselor or a designated EHP staff member.

• Use the services of EHP that will help you to be a successful college student, as outlined in your EHP Educational Plan.

The Expanding Horizons Program (EHP) is federally funded by the U.S. Department of Education and is part of the nationwide network of TRIO Student Support Services (SSS) Programs.