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:
  a. Neither parent graduated from a four-year college or university
  b. Meet government income guidelines based on taxable income
  c. 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: ___________________ Last 4 digits of Social Security #: XXX–XX– ___ ___ ___ ___

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

• Are you bilingual or multilingual?  [ ] Yes  [ ] No

Language(s) (other than English): _______________________________________________________________________________

• Ethnicity:  Are you of Hispanic/Latino origin?  [ ] Yes  [ ] No

• Race  
    (please mark one or more):  [ ] American Indian  [ ] White
    [ ] Native Hawaiian  [ ] Asian
    [ ] Black

• Country of Citizenship: ___________________ If other than USA, indicate Visa type: ___________________

    Resident Alien Number: ___________________

• 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): __________________________________________________________________________________________

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______________________________________________________________________________________________________________
Financial Information

Step 1: Please indicate your status as DEPENDENT or INDEPENDENT using the criteria listed below:

☐ Independent Student
  ☐ 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.

☐ Dependent Student (none of the above criteria applies to me)

Step 2: 2017 Federal Income Tax Filing Information

☐ If you (independent) or your Parent/Guardian (dependent) have filed a 2017 Federal Income Tax return, you will complete Steps 3 & 4 using information from your tax return.

☐ If you (independent) or your Parent/Guardian (dependent) are not required to file a 2017 Federal Income Tax return please give a reason in the line below. (you may need to provide documentation): Please continue to Certification Section.

Step 3: Family Members & Income Levels on the Federal Income Tax Return

In addition to information about you (independent) or parent/guardian (dependent), we will need several pieces of information from your tax return. The table below will show you where to find the information based on the version you filed.

<table>
<thead>
<tr>
<th>Information Needed</th>
<th>1040 Federal Return</th>
<th>1040A Federal Return</th>
<th>1040EZ Federal Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Exemptions</td>
<td>Line 6D</td>
<td>Line 6D</td>
<td>Line 6D</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>Line 43</td>
<td>Line 27</td>
<td>Line 6</td>
</tr>
</tbody>
</table>

Step 4: Information from your 2017 FEDERAL INCOME TAX RETURN

(Print Clearly—you may be required to provide a copy of your tax returns)
(See the line from the table above for this information)

1. Name(s) as written on your tax return: ________________________________________________________________

2. What was the total # of Exemptions on your 2017 income tax return (line 6D)? _____________________________

3. What was the taxable income on your 2017 Federal Income Tax Return? $ _________________________________

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.

We also understand that Expanding Horizons staff will use this information to verify your eligibility for participation in the program.

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: _____________________________

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

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_____________________________________________________________________________________________________

What are your academic and career goals?

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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 Individual Graduation 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.