



SYRACUSE UNIVERSITY'S  
**LIBERTY**  
**PARTNERSHIPS**  
 ESTABLISHED IN 1988 BY NYSED

<https://bit.ly/SULPP-App>

# Application and Student Questionnaire



Tutoring and Homework Help 

Job Applications and Financial Aid Assistance 

Social Emotional Learning and Support 

Leadership Development and Mentoring 

Guidance and Advocacy For Senior Graduation and a SU LPP Stole to Reward Your Success! 

**S**  
 Syracuse  
 University  
 LPP  
 Website




# NEW STUDENTS



## Syracuse LPP Application:

Drop off your completed application packet at the SU LPP or School Guidance Office. If preferred, you can also complete the LPP application online at:

[academicopportunity.syr.edu/lpp](http://academicopportunity.syr.edu/lpp)

Who referred you to SU LPP? \*

Ms. Michelle Weber

Ms. Haleh Tabesh

Mr. Maysam Seraji

Ms. Ntsoaki Cappa

School Counselor

A Friend/Peer

Other: \_\_\_\_\_

This New York State funded program is designed to provide services to help improve student's academic performance and potential for success. This form must be completed by each student's parent or guardian for the enrollment process to be completed.

Student's First Name \*: \_\_\_\_\_

Student's Middle Initial \*: \_\_\_\_\_

Student's Last Name \*: \_\_\_\_\_

Date Of Birth \*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Preferred Phone \*:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student's Email \*: \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade Level \*: \_\_\_\_\_

Ethnicity \*: \_\_\_\_\_

Gender \*: \_\_\_\_\_

Are you currently enrolled in Onondaga Community College (OCC's) LPP or Le Moyne's LPP?

Yes

No

Not Sure

Student (Adult) T-shirt Size \*

XS

S

M

L

XL

2XL

Parent/Guardian

First and Last Name \*: \_\_\_\_\_

Preferred Phone Number \*:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \*: \_\_\_\_\_

Emergency Contact

First and Last Name \*: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone \*:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

No Image/Media Request

I DO NOT grant permission for my child's photograph (whether still, motion, or television), writings, and/or recordings of his/her voice taken during the course of the program to be used in LPP publications, website, and promotions.

By completing this form, I authorize Liberty Partnerships Program personnel to obtain and review my child's school records, and I understand that records will be used in planning appropriate academic support and counseling services (academic, college, career and personal) for my son/daughter. I understand that all of the information will be kept confidential to the extent required by law. I authorize the disclosure of educational information between the Liberty Partnership Program (LPP) and the Syracuse City School district in accordance with the Family Educational Rights and Privacy Act (FERPA).

Signature of Parent/Guardian\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

Signature of Student\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

# STUDENT

## Questionnaire

The following sections will help us to get to know you better as we welcome you to the SU LPP family. Please fill out any sections you would like LPP to support you with. Feel free to skip/leave blank any you're not interested in.

***Whether you completed the application and questionnaire in-person or online, please stop by the SU LPP rooms for your Welcome Gift! Room #259 at PSLA and the Career Center room at Corcoran.***

Select the areas you would like LPP to support you with:

- Academic
- Social Emotional
- Job/Career
- College Readiness

### **Academic Support**

What classes/subject(s) do you need help in?

- Math
- Science
- English
- History
- None at this time
- Other: \_\_\_\_\_

What do you need to be a more successful student?

- Time Management / Procrastination
- Improving Study Habits
- Understanding Academic Content
- None at this time
- Other: \_\_\_\_\_

## **Social Emotional Support**

What helpful habits have you developed/used? \_\_\_\_\_

---

---

What harmful habits have you developed/used? \_\_\_\_\_

---

---

Are you taking care of yourself (sleep, healthy diet, exercise, etc.)?

- Pretty well
- Could use some help
- Prefer not to answer

Select all resiliency skills you would like to improve on:

- Confidence
- Connections (for example with peers, family, teachers...)
- Stress
- Overall Well-being
- Motivation
- Prefer not to answer

## **Job/Career Support**

What can LPP help you with:

- Cover Letter
  - Resume Building
  - Job Application
  - Interview Skills
  - Career Exploration
  - Other: \_\_\_\_\_
- 
-

## College Readiness

What can LPP help you with:

↳ Financial Aid

↳ College Search

↳ College Application Process

↳ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_