

SSS Participant Application

Please Type or Print in Blue or Black Ink.

PROGRAM:	Student Support Services
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STEP 1

Last Name:		First Name:		Middle Initial:
Street Address:				Apartment #
City:	State:	Zip:	E-Mail:	
Phone Numbers: (Home) _____ (Work) _____ (Cell) _____		Did you complete one of the following: ___ High school ___ GED If not, are you currently enrolled in an education program? ___ YES ___ NO If Yes, What type? ___ High School ___ GED ___ College Where? _____		
Social Security Number: - - - - -		Have you ever attended a college? ___ YES ___ NO		

STEP 2

Race/Ethnicity: Do you consider yourself to be Hispanic/Latino? ___ YES ___ NO Select one or more races to indicate what you consider yourself to be: ___ American Indian or Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian or other Pacific Islander ___ White	Gender: ___ Male ___ Female	Birthdate: ___/___/___ Age: _____
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STEP 3

Are you a U.S. citizen? ___ YES ___ NO
If you are not a U.S. citizen, are you a permanent resident? ___ YES ___ NO Resident Alien Number: _____
Do you have a disability? ___ YES ___ NO Description of disability: _____

STEP 4

Has your mother received/earned a four-year degree from a college or university? ___ YES ___ NO	Has your father received/earned a four-year degree from a college or university? ___ YES ___ NO
Which parent did you regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)? ___ Mother ___ Both Mother and Father ___ Father ___ Neither Mother nor Father	

STEP 5

Have you already graduated from college with a bachelor's degree?	___ YES ___ NO
Are you married?	___ YES ___ NO
Do you have children who receive more than half of their support from you?	___ YES ___ NO
Do you have dependents (not your children or spouse) who live with and receive more than half their support from you?	___ YES ___ NO
Are both of your parents deceased, or were you a ward/dependent of the court or in foster care (until age 18)?	___ YES ___ NO
Are you a veteran of the U.S. Armed Forces or currently serving on active duty in U.S. Armed Forces?	___ YES ___ NO
Are you an emancipated minor, in legal guardianship, an unaccompanied homeless youth, or at risk of being homeless?	___ YES ___ NO

STEP 6

If you are **less than 24 years old** and you answered **NO** to all of the questions in **STEP 5**, you are considered a **DEPENDENT** student.

In order to determine eligibility you will need to provide your parents' income information in **STEP 6**.

You can do this in several ways:

1. Have a parent sign the form and enter income information
2. Attach a signed copy of your parents' most recent income tax form

STEP 6 (Continued)

What is the total number of persons in your family? _____

Please select one of the following:

I attest that my family had no taxable income for the last calendar year.

I attest that my family did not file a federal income tax return for the last calendar year. My family's income was:

My family's **adjusted gross income** from the last calendar year was: \$ _____, _____

(Note: Adjusted gross income can be found on the federal income tax return you filed for the last calendar year.)
Form 1040 Line 37
Form 1040A Line 21
Form 1040EZ Line 4

STEP 7

What TRIO Services are you interested in? Check all that apply: Admission Assistance College Success Skills
 Tutoring Academic Advising Financial Aid Assistance Career Advising Transfer Advising
 Other Service, please specify _____

What is your intended College Major or College Career Goal? _____

Which, if any, financial aid are you receiving? Check all that apply:

Pell Rehab Private Scholarship AR Academic Challenge Work Study Other

STEP 8

Read, sign and date.

My signature below certifies that the above information is correct and that I have a desire to pursue a program of postsecondary education (HEA, SEC 402F(a)(1)) and am in need of academic support to successfully pursue a postsecondary education.

I grant the TRIO Programs permission to send for/receive copies of transcripts, financial aid awards, test scores, and other relevant information necessary for participation in the program and allow state and federal agencies permission to release income information.

Student's/Participant's Signature

Date (MM/DD/YYYY)

Parent's Signature

Date (MM/DD/YYYY)

(Parent's signature or signed tax return is required if applicant is less than 24 years old and answered NO to all of the questions in STEP 5.)

FOR OFFICE USE ONLY

Approved

Denied

Reason _____

Director or Designee (Print Name)

_____/_____/20
Director or Designee (Sign & Date)

Date of Application Entry into Database ____/____/____

Initials of Data Entry Staff _____

Eligibility: LI & FG LI ONLY FG ONLY DI ONLY DI & LI DNQ