

PARTICIPANT APPLICATION

Please indicate which program you are applying to.

SSS – Regular

SSS – STEM

SSS – Teacher Prep

STEP 1: Please answer the following questions about yourself.

a. What is your name?

Last Name

First Name

Middle Initial

b. What is your mailing address?

Street Address

Apt. #

City

State

Zip

c. What is your home phone number?

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d. What is your cell phone number?

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e. What is your work phone number?

() --

f. What is your e-mail address?

@

STEP 2: Please answer the following questions about yourself.

a. What is the name of the college you attend? (if applicable)

b. What is your student ID number? (if applicable)

c. What is your social security number?

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d. What is your birthdate?

/ /

e. Are you Hispanic or Latino?

YES

NO

f. What is your race? (Please check all boxes that describe you.)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

g. What is your gender?

Female

Male

STEP 3: Please answer the following question about yourself.

a. Are you a U.S. citizen?

YES

NO, but I am a Permanent Resident.

NO; I am not a U.S. citizen, and I am not a permanent resident.

My Permanent Resident Alien Number is:

A

STEP 4: Please answer the following questions about your parents and about yourself.

a. Has your mother received/earned a 4-year college degree?

YES

NO

b. Has your father received/earned a 4-year college degree?

YES

NO

c. Which parent did you regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)? (Please check only one box.)

Both Mother and Father

Mother only

Neither Mother nor Father

Father only

STEP 5: Please answer the following questions about yourself.

a. Are you married?

YES NO

b. Do you have children or other dependents (other than a spouse) who receive more than half of their support from you?

YES NO



Student Support Services
Need for Academic Support
 (34CFR646.3(c)) & (34CFR646.32(c)(2))

Last Name:

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First Name:

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Applicant's Date of Admission:

Middle Initial:

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Student ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

M	M	/	D	D	/	Y	Y	Y	Y
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Check all indicators of academic need that apply to this applicant.

- 1. Low high school grades^{†*}
- 2. Low admission test scores^{†*}
- 5. Predictive indicator*
- 6. Academic proficient tests^{†*}
- 7. Low college grades^{†*}
- 8. High school equivalency (i.e., G.E.D. recipient)*
- 9. Failing grades^{†*}
- 10. Out of the academic pipeline for 5 or more years*
- 11. Other* Please specify: _____
- 12. Limited English proficiency*
- 13. Lack of educational and/or career goals*
- 14. Lack of academic preparedness for college level work*
- 15. Need for academic support to raise grade(s) in required course(s)/academic major^{†*}

SSS Advisor/Counselor/Coordinator Signature and Date

SSS Director Signature and Date

Application Addendum Notes

* If checked, attach supporting documentation *or* indicate in space below the location of supporting documentation within participant file.

† Low or failing grades or need to raise grades. Complete table below if Academic Need criteria 1, 7, 9, and/or 15 are checked).

Name of Course	High School or College Course?	Current Grade or Grade Earned in Course

‡ Low admission test or academic proficiency test scores. Complete table below if Academic Need criteria 2 and/or 6 are checked).

Name of Test	Score	Name of Test	Score

- c. At any time since reaching 13 years of age, were you an orphan, in foster care, or a ward of the court? YES NO
- d. Prior to reaching 18 years of age, were you an emancipated minor or did you have a court-appointed legal guardian? YES NO
- e. Are you serving on active duty (for other than training purposes) in the U.S. Armed Forces? YES NO
- f. Are you a U.S. Armed Forces veteran who was on active duty & was released under a condition other than dishonorable? YES NO
- g. Are you in college and working on a master's (e.g., M.A., M.S.), professional (e.g., M.D., J.D.), or doctoral degree? YES NO
- h. Are you less than 18 years of age and have no parent or guardian? YES NO
- i. Are you homeless (i.e., you lack a fixed, regular, & adequate nighttime residence) or are at risk of becoming homeless? YES NO

STEP 6

You must answer the following questions about yourself if you are at least 24 years old or you were YES to any question in STEP 5. Your parent(s) must answer the following questions about themselves if you are less than 24 years old and you answered NO to all questions in STEP 5.

- a. What is the total number of persons (including you) in your family?
- b. What was your family's **taxable (not total) income** from the last calendar year? (Please check only one box. Then, provide the requested income information.)
 - My family's **taxable (not total)** income from the last calendar year was: \$, .00

Note: Taxable income can be found on the federal income tax return. On IRS Form 1040, see line 43. On IRS Form 1040A, see line 27. On IRS Form 1040EZ, see line 6.
 - My family did not file a federal income tax return for the last calendar year. My family's total income from the last calendar year was: \$, .00
 - My family had no taxable income during the last calendar year.

STEP 7

Please read the following statement and then sign and date below it. If you (the student) are less than 24 years old and answered NO to all the questions in STEP 5, your parent or legal guardian must also read the following statement and then sign and date below it.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student's official academic records to the TRiO Student Support Services (SSS) project at Texas A&M University-Corpus Christi, understanding that the information in these records will be used only to assess the student's need for TRiO program services, discern the student's educational progress, evaluate the effectiveness of TRiO program activities, and fulfill TRiO program-reporting requirements. Finally, I authorize this SSS project to use the student's name, statements and likeness, without charge, for promotional purposes in the project's publications, advertising, video, and other formats.

Student's Signature	/ /
Signature of Student's Parent or Legal Guardian	/ /
	Date
	Date

FOR OFFICE USE ONLY	The 20__ federal TRiO programs annual low-income level for a family unit with _____ members is: \$, .00
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<input type="checkbox"/> Recommended Approval <input type="checkbox"/> Not Recommended. Reason: _____	<input type="checkbox"/> Recommended Approval <input type="checkbox"/> Not Recommended. Reason: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____
Advisor (Print name) _____ _____ / ____ / 20	Director (Print name) _____ _____ / ____ / 20	P.I. or P.I. Designee (Print Name) _____ _____ / ____ / 20
Advisor (Sign & Date)	Director (Sign & Date)	P.I. or P.I. Designee (Sign & Date)
Date of Application Entry into Database _____ / _____ / _____		Initials of Data Entry Staff _____
Eligibility: <input type="checkbox"/> LI&FG <input type="checkbox"/> LI ONLY <input type="checkbox"/> FG ONLY <input type="checkbox"/> DI ONLY <input type="checkbox"/> LI&DI Project: <input type="checkbox"/> SSS-REG <input type="checkbox"/> SSS-STEM <input type="checkbox"/> SSS-TEACH		

Notes: A determination of independence based on YES responses to question 5h or 5i must be supported by an attached statement that is completed and signed by a LEA liaison, RHYA director/designee, or ESG director/designee. If the applicant is a college student for whom a financial aid administrator has made a documented determination of independence, a statement from a financial aid administrator must be signed and attached.(cf., §1087vv(d)) If the applicant is a dependent college student and no parent signature appears on this document, parent-income information from another source must be attached for any determination of LI status to be valid (§1070a-11 (e)(1)(B-D)).