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APPLICATION 2025-2026

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Name:	Student ID #:
Date of Birth:	Sex: M F SSN: [To be submitted during Intake Interview]
U.S. Citizen:YesNo	Permanent Resident:YesNo
	ADDRESSES
Home (Permanent):	Campus (Academic Year):
How did you hear about TRiO SSS?	
	CONTACT INFORMATION
Home Phone: Person May we send texts to your cell? Y	
	Other:
J	EDUCATION HISTORY
Current Year in College (in Fall 2025):	FreshmanSophomoreJuniorSen
Current Major (accepted):	Desired Major:
High School Diploma or	_GED
High School: *	City/State:
Previous College Attended:	
City/State:	
PLEASE CHECK YO	OUR PREVIOUS PROGRAM INVOLVEMENT
AVIDEOC (TRio)	Gear Up College Track PCDP
Talent Search (TRiO)Student	Support Services (TRiO)Upward Bound (TRiO)
Other High School or College F	Programs/Activities:
YesNo If Yes, Dates of	VETERAN STATUS Active Duty:
Reserve Status:YesNo If	Yes, Dates:

All information will be kept confidential. TRiO SSS will adhere to all guidelines outlined under the Federal Educational Rights and Privacy Act. Rev. 26Mar18 LW

ELIGIBILITY FOR SERVICES

- 1. Has either parent received a 4 -year college degree? _____Yes _____No
- 2. If yes, specify parent and degree: _____
- 3. Total number in your household ____
- 4. Have you ever been diagnosed with a disability? _____Yes _____No
- 5. Have you ever been in foster care or in a court appointed guardianship? ____Yes ____No
- 6. If yes, were you in foster care after the age of 13 years old? _____Yes _____No
- 7. Are you designated as McKinney Vento? ____Yes ____No
- 8. Do you have a fixed, regular and adequate night-time residence? _____Yes _____No

Check the amount below which best matches your household's current level of taxable income:

 $(This amount \ can \ be \ found \ on \ tax \ forms \ (1040 EZ-line \ 6, \ 1040 A-line 26, \ or \ 1040-line \ 43)$

_____\$0-18,210 _____\$18,210-24,690 _____\$24,691-31,170 _____\$30,171-37,650 _____\$37,651-44,130 _____\$44,131-50,610 _____\$50,611-57,090 _____\$57,091-63,570 ____OVER \$63,570

WHICH CATEGORIES OF FINANCIAL AID DO/WILL YOU RECEIVE? (Check all that apply):

Have you applied for Financial Aid (FAFSA) for the current academic year? ____Yes ____No ___Pell ___Other Grants ____Scholarships ____Loans ___Work-Study ____None

WHICH TRIO SSS SERVICES ARE YOU INTERESTED IN? (Check all that apply):

___Academic Support ___Career Exploration ___Financial Aid/Scholarship Planning

___Financial Management ___Graduate School Exploration __Mentoring ___Study Abroad

___Study Skills ___Transition Concerns ___Tutoring __Other_____

Please write a short paragraph explaining how TRiO SSS will be helpful to you and what makes you a good fit:

Statement of Verification and Disclosure

I attest that all the information I provided above is true to the best of knowledge. I give permission for SSS to verify the information disclosed on this form with CU Office of Disability Services, Office of Financial Aid, and the Office of Admissions. I understand that my acceptance into the TRiO SSS program will require my active participation and engagement until graduation. I understand that midterm grade/status reports will be collected on my behalf. I give my permission to use my likeness for promotional, recruitment and educational purposes.

Participant Signature: Dat	e:
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Please return by email to TRiOSSS@colorado.edu

FAMILY INCOME VERIFICATION FORM



Student Academic Success Cente

Date _____

Student Information:

Full Name: ______ CU Student ID #: ______ Email Address ______

Parent/Guardian Information (Dependent Student's Only)

Frist Name:

Income Verification: All applicants must complete this section, whether or not you believe you qualify as low-income

As a federally funded TRIO program, Student Support Services is required to provide documentation of a student's eligibility for the program to the U.S Department of Education and implement the TRIO regulations that state two-thirds of the students served must meet federal low-income guidelines.

Parents/Guardian income information and signature are required if the student can still be claimed as dependent according to Federal Financial Aid law. Student Support Services assures that all family and student information is kept confidential.

Please complete ONE option below that best suits you:

OPTION 1: Filed a Tax Return

• What was your (the student's parents/guardian's) or (self) taxable income for previous tax year of 2023?

\$_____(Form 1040, line 15)

• How many members of the household were included on this tax return? _____

OPTION 2: DID NOT File a Tax Return

In accordance with the eligibility requirements set forth by the U.S Department of Education, I hereby certify that NO Federal or State tax return documenting my income was filed with the Internal Revenue Service for the previous tax year.

- I certify that TOTAL INCOME from all sources in the year of 2023 was: \$_____
- How many members are in your household? :
- Marital Status (Circle one): Single Married

**I declare that I have read this form thoroughly and I understand every question asked. All of the given answer is correct and true to the best of my knowledge.

Date	Date	

Student's Signature

Parent/Guardian Signature (if a dependant)

Please return by email to TRiOSSS@colorado.edu

<u>University of Colorado Boulder - TRiO Student Support Services</u> <u>Academic Need Eligibility Verification</u>

First Name:		Last Name:	
Student ID#:			
x(1) Low High School g Student GPA:		in a GPA below 3	3.8)
High School attend	led:		
(2). Low Performing H	ligh School or Scl	nool District	
(3) Low admission test	-scores: ACT/SA1	-	
ACT ENG	ACT REA	SAT WRI	SAT CREA
ACT MATH	ACT SCI	SAT Math	SAT Comp
ACT COMP	critical reading o SAT composite b	nly, math SAT belov elow 1359, Math SA	n is a composite of math and v 620 constitutes need. ENGR T below 693 constitutes need. h below 647 constitutes need.
(4) Predictive Indicat of need listed)	tor (composite va	riable, can inclue	de these and other areas
Student on proba	tion		
Needs special hel	p to maintain a GP	A for scholarship o	r Financial aid purpose.
Needs special hel	p to maintain a GP.	A because of comp	petitiveness of program of study.
	rral: Reason N. Documentatio		
History of withdra	awals and /or incom	npletes	
Student commute	es over 1 hour per c	lay	
Single parent with	nout a support syst	em	
Welfare recipient	or income well bel	ow poverty level	
Working 30 or mo	re hours per week		
Personal problem	s affecting academ	nics	
Student without a support system			
Student enrolled	in ESL courses		
	ument testing utiliz cement, and or test	-	
(6). Low college grad	(6). Low college grades (below 2.9 semester or cumulative GPA)		
(7) High School Equiv GED Score	-		

<u>University of Colorado Boulder - TRiO Student Support Services</u> <u>Academic Need Eligibility Verification</u>

	(8) Failing grades	
	(9) Out of the academic pipeline for 5 or	more years
	(10) Limited English proficiency (English i	s not native language)
	(11) Lack of academic preparedness for c performance rating.)	ollege level work (High School low
	(12) Lack of educational and/or career go	als (undeclared major)
	(13) Needs academic support to raise gra <i>core classes)</i>	des in required course(s) (Below C average in
	(14) Former TRiO Student participant: List Program: School/Institution:	
	(15). Other	
STA	FF NAME :	
STA	FF SIGNATURE:	DATE :