



TRiO SSS: CU BOULDER 2026-2027 Cohort Application

Name: _____ Student ID #: _____

Date of Birth: _____ Sex: M F SSN: [To be submitted during Intake Interview]

U.S. Citizen: ____ Yes ____ No Permanent Resident: ____ Yes ____ No

Ethnicity - Please Check One		Hispanic ____ Yes ____ No
Race - Please Check All That Apply		
American Indian/Alaskan Native ____	Asian ____	
Black or African American ____	Native Hawaiian or Other Pacific Islander ____	
White ____		

ADDRESSES

Home (Permanent): _____ Campus (Academic Year): _____

How did you hear about TRiO SSS? _____

CONTACT INFORMATION

Personal Cell: _____ Home/Parent Cell: _____
May we send texts to your cell? ____ Yes ____ No
Personal Email: _____ CU Boulder email: _____

EDUCATION HISTORY

Current Year in College: ____ Freshman ____ Sophomore ____ Junior ____ Senior
Current Major (accepted): _____ Desired Major: _____
____ High School Diploma or ____ GED
High School: * _____ City/State: _____
Previous College Attended: _____
City/State: _____

PLEASE CHECK YOUR PREVIOUS PROGRAM INVOLVEMENT

____ AVID ____ EOC (TRiO) ____ Gear Up ____ College Track ____ PCDP
____ Talent Search (TRiO) ____ Student Support Services (TRiO) ____ Upward Bound (TRiO)
Other High School or College Programs/Activities: _____

VETERAN STATUS

____ Yes ____ No If Yes, Dates of Active Duty: _____
Reserve Status: ____ Yes ____ No If Yes, Dates: _____

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. 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 (1040EZ-line 6, 1040A-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

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: (You may complete on a separate word document and attach to the rest of the application)

Statement of Verification and Disclosure

I attest that all the information I provided above is true to the best of my 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: _____ Date: _____

For Staff Use Only

LI FG D LI/FG Director Signature: _____ Date _____

FAMILY INCOME VERIFICATION FORM 2026-2027 COHORT

Student Information:

Full Name: _____ Date _____
CU Student ID #: _____
Email Address _____

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Parent/Guardian Information (Dependent Student's Only)

Last Name: _____ First 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.

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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 2024?

\$_____ (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 2024 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
Student's Signature

Date
Parent/Guardian Signature (if a dependant)

University of Colorado Boulder - TRiO Student Support Services
Academic Need Eligibility Verification

First Name: _____

Last Name: _____

Student ID#: _____

☐ x(1) Low High School grades (reflected in a GPA below 3.8)

Student GPA: _____

High School attended: _____

☐ (2). Low Performing High School or School District

☐ (3) Low admission test-scores: ACT/SAT

ACT ENG _____ ACT REA _____ SAT WRI _____ SAT CREA _____

ACT MATH _____ ACT SCI _____ SAT Math _____ SAT Comp _____

ACT COMP _____

*** SAT composite below 1180 which is a composite of math and critical reading only, math SAT below 620 constitutes need. **ENGR** SAT composite below 1359, Math SAT below 693 constitutes need. **BUS** SAT composite below 1293, Math below 647 constitutes need.*

☐ (4) Predictive Indicator (composite variable, can include these and other areas of need listed)

☐ Student on probation

☐ Needs special help to maintain a GPA for scholarship or Financial aid purpose.

☐ Needs special help to maintain a GPA because of competitiveness of program of study.

☐ Faculty/staff referral: Reason _____

Verified: Y / N. Documentation enclosed: Y / N

☐ History of withdrawals and /or incompletes

☐ Student commutes over 1 hour per day

☐ Single parent without a support system

☐ Welfare recipient or income well below poverty level

☐ Working 30 or more hours per week

☐ Personal problems affecting academics

☐ Student without a support system

☐ Student enrolled in ESL courses

☐ (5) Academic Proficiency Tests

Placement instrument testing utilized by the institution or program for college level placement, and or testing for learning disabilities and/or study skills inventory.

☐ (6). Low college grades (below 2.9 semester or cumulative GPA)

☐ (7) High School Equivalency (or GED)

GED Score _____

Please return by email to TRiOSSS@colorado.edu

University of Colorado Boulder - TRiO Student Support Services
Academic Need Eligibility Verification

- ☐ (8) Failing grades
- ☐ (9) Out of the academic pipeline for 5 or more years
- ☐ (10) Limited English proficiency (English is not native language)
- ☐ (11) Lack of academic preparedness for college level work (High School low performance rating.)
- ☐ (12) Lack of educational and/or career goals (undeclared major)
- ☐ (13) Needs academic support to raise grades in required course(s) (*Below C average in core classes*)
- ☐ (14) Former TRiO Student participant:
List Program: _____
School/Institution: _____
- ☐ (15). Other _____

STAFF NAME : _____

STAFF SIGNATURE: _____

DATE : _____