TRiO Student Support Services
UNIVERSITY OF COLORADO BOULDER

# TRiO SSS: CU BOULDER Application

**Please return by email to TRiOSSS@colorado.edu**

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: _____

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. 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 foundon 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

*Iattestthat all the information I provided above is true to the best ofknowledge. I givepermission forSSSto verifytheinformation 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_____

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# Family Income Verification Form

TRiO
STUDENT SUPPORT SERVICES
An Academic Excellence and Achievement Community
Student Academic Success Center

## Student Information:

Full Name: _____ Date _____

CU Student ID #: _____

Email Address _____

## Parent/Guardian Information (Dependent Student's Only)

Last Name: _____ 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 is your (the student's parents/ guardian's or self) taxable income for the previous tax year?

  **$_____(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 previous tax year was _____
- How many members are in our household? _____
- Marital Status (circle one): Married Single

***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)**

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# 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 instrumenttesting 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 _____

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# 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 :_____

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