

## **APPLICATION**

Name:	St	udent ID #:		
Date of Birth:	Gender:			_
U.S. Citizen:YesNo	Permanent Re	sident:Y	esNo	
	RACE/ETHN Please Check All T			
American Indian/Alaskan Nati Hispanic (non-White)N				
	CONTACT INFO	RMATION		
Home (Permanent):				
Street	Apt#	City	State Zip	
Home Phone:	(	Cell:		
Personal Email:				
CU Email:				
	EDUCATION H	HISTORY		
Current Year in College:Freshr	nanSophomor	eJunior	Senior	
Major: Desir	red Major (if Undecla	ared)		
Did you attend a Colorado high scho	ol?Yes	No		
If yes, which school			City	
Previous College(s) Attended:				
<b>G</b> ( )				
PLEASE	CHECK YOUR PPRO	GRAM INVOL	VEMENT	
Have you previously participated in	another TRiO progra	am?Y	esNo	
Are a member of another CU Progra	m?Yes _	No		
If yes, please list				
	VETERAN ST	ratiis		
Are you a member of the U. S. Armed				
If Yes, Dates of Active Du	ıty:			
Are you a member of the U. S> Reser	rve Status:Yes	No		
If Yes, Dates:				

## **ELIGIBILITY FOR SERVICES**

1. Has either parent received a 4-year college degre	
a. If yes, specify parent and degree:	
2. Total number in your household	
3. Have you ever been diagnosed with a disability?	
4. Have you ever been in foster care or in a court app	• — —
5. If yes, were you in foster care after the age of 13 y	
a. Do you have a fixed, regular and adequ	uate night-time residence?YesNo
Check the amount below which best matches your ho (This amount can be found	
0-\$19,140	
WHICH CATEGORIES OF FINANCIAL AID DO	/WILL YOU RECEIVE? (Check all that apply)
Have you applied for Financial Aid (FAFSA) for the cuPellOther GrantsScholarships	
WHICH TRIO SSS SERVICES ARE YOU I	NTERESTED IN? (Check all that apply)
Academic SupportIn-Demand Career Skills	Graduate School Study Ahroad
Financial Management Financial Aid Informa	
Other	g
Write a short paragraph explaining your academic you. Limit your response to 250 words. Attach anot	
Chahamant of Warification and Disalacana	
<u>Statement of Verification and Disclosure</u> <i>I attest that all the information I provided above is true to the best</i>	of knowledge. I give permission for SSS to verify the information
disclosed on this form with CU Office of Disability Services, Office of acceptance into the TRiO SSS program will require my active partic midterm grade/status reports will be collected on my behalf. I give and educational purposes.	Financial Aid, and the Office of Admissions. I understand that m cipation and engagement until graduation. I understand that
Participant Signature:	
	Date:
For Staff Use Only	Date:
For Staff Use Only  Participant Code: LI FG LI/FG D Director Signature:  Action:AcceptedDeniedWaitlisted	