

APPLICATION

Date: Male Female

Student ID Number Social Security Number:

Name: E-mail address:
 Last First Middle

Cell Phone# () Cell Phone Provider:

ELIGIBILITY

➤ **What is the highest level of education COMPLETED by your natural or adoptive parent(s)?**
 Elementary School Middle School High School 2-Year College 4-Year College Beyond 4-Year College

Mother

Father

➤ **Academic Need - REQUIRED: (Check all that apply).**

<input type="checkbox"/> Low HS Grades	<input type="checkbox"/> Failing grades (Nursing=C or lower, English Comp=D/F, Math=D/F)
<input type="checkbox"/> Out of pipeline 5+ yrs. (no college for 5+ yrs.)	
<input type="checkbox"/> MAP (low admission scores/probation)	<input type="checkbox"/> English as Second Language
<input type="checkbox"/> Low ACT/SAT scores	<input type="checkbox"/> Lack of educational and/or career goals
<input type="checkbox"/> Diagnostic tests (remedial course/low placement test)	<input type="checkbox"/> Lack of preparedness for college level work
<input type="checkbox"/> Low college grades	<input type="checkbox"/> Need for academic support to raise grade(s) in required course(s)/academic major
<input type="checkbox"/> Obtained a GED (HS equivalency)	

When did/will you first enroll at USF? Fall Spring Summer Year

How many semesters (12 credit hours or more) have you been in college?

Do you have a Pell Grant? Yes No

Are you enrolled in a bachelor's degree program? Yes No Full-time Part-time

Do you stay on campus? Yes No Res Hall? Room #

Cumulative G.P.A. Major Minor

Do you anticipate transferring from USF? Yes No Not Sure

DEMOGRAPHICS

➤ **Your current address while in school:**

Address:

Number/Street

Apt. Number/Residence Hall

City

State

Zip Code

Birth Date:

Single

Married

Emergency Contact (someone who will always know how to reach you):

Name

Phone ()

Address

(City/ State/ZIP code)

Relationship to You

Are you currently in Foster Care? YES NO

Have you ever been in Foster Care? YES NO

Are you an active member on a USF athletic team?

Yes

No

Sport:

Predominant Ethnic Background: (check one or more)

Citizenship:

American Indian or Alaskan Native

United States Citizen

Asian

Permanent Resident

Black or African-American

Refugee

Hispanic

Other

Latino

Caucasian

Native Hawaiian or Other Pacific Islander

STUDENT PUBLICITY RELEASE

I agree that if I am accepted into the TRIO SSS program, the staff may include my name or picture in publications, including our website, which list the names of TRIO SSS students receiving academic awards, such as the Dean's List, scholarships, service awards, and other academic achievements and accomplishments.

Student Signature

Date

RELEASE OF INFORMATION

I certify that the information I have provided on this application is, to the best of my knowledge, complete and correct. Furthermore, I understand that by applying for the TRIO SSS program, I authorize TRIO SSS staff to obtain records or data pertinent to my participation from other sources, and to release information, as required by law or the terms of the Student Support Services grant, to the grant-funding agency of the United States government. The TRIO SSS staff has my permission to communicate verbally or otherwise with staff, faculty, and/or off-campus professionals on my behalf.

Student Signature

Date

Dear TRiO Parent/Guardian OR Independent Student:

- Please find the number in your household in the table below
- look at the Total Taxable Household Income listed beside it
- If your Total 2016 Taxable Income is at or BELOW this amount, mark "X" in the "At or BELOW" box; if your Total 2016 Taxable Income is Above this amount, mark "X" in the "ABOVE" box.
- If you filed a:
 - a. 1040 the amount is on line 43
 - b. 1040A the amount is on line 27
 - c. 1040EZ the amount is on line 6

(Effective **January 31, 2017** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii	Below	Above
1	\$18,090	\$22,590	\$20,790		
2	\$24,360	\$30,435	\$28,005		
3	\$30,630	\$38,280	\$35,220		
4	\$36,900	\$46,125	\$42,435		
5	\$43,170	\$53,970	\$49,650		
6	\$49,440	\$61,815	\$56,865		
7	\$55,710	\$69,660	\$64,080		
8	\$61,980	\$77,505	\$71,295		

For family units with more than eight members, add the following amount for each additional family member: \$6,270 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$7,845 for Alaska; and \$7,215 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the [Federal Register](#) on January 31, 2017.

I hereby certify that the above information is accurate and complete. I understand that all information on this form will be kept strictly confidential. The TRiO Student Support Services program is an equal opportunity program provider.

Please Print :

Parent/Guardian Printed Name

Name of Your Student

Parent/Guardian Signature

OR

Independent Student Signature