

## TRiO Student Support Services (SSS) – Application

*Thank you for your interest in TRiO SSS. Please write clearly.*

**Application must be complete to be considered.**

<b>Student Information</b>	<p>Date: _____-_____-_____</p> <p>Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident</p> <p>Name: (First, Middle, Last) _____ UTRGV I.D.: _____</p> <p>Permanent Address: _____</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Home Phone: _____ Cell Phone: _____</p> <p>UTRGV Email Address: _____</p>
<b>Demographics</b>	<p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Pronouns: _____ Date of Birth: _____</p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p> <p>Ethnicity: (please mark all that apply)</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black/ African American</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Other, please specify: _____</p>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Have either of your parents received a four-year bachelor’s degree?             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> </li> <li>• Are you registered with UTRGV Office of Student Accessibility Services?             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> </li> <li>• Have you ever participated in a TRIO Program?             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> </li> </ul> <p>If yes, please select that apply:</p> <p><input type="checkbox"/> Veterans Upward Bound <input type="checkbox"/> Upward Bound Classic <input type="checkbox"/> Upward Bound Math &amp; Science <input type="checkbox"/> Talent Search</p> <p>Active Dates/Semesters: _____</p>
<b>Enrollment Information</b>	<p>Are you currently enrolled at UTRGV? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• If so, what semester? _____</li> </ul> <p>Academic Information: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior</p> <p>Transferring to UTRGV: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Previous University: _____</p> <p>Which bachelor’s degree are you seeking (ex. BA, BS, or BFA): _____</p> <p>What is your major? (ex. Sociology, History, Education): _____</p> <p>Have you completed the FAFSA form? <input type="checkbox"/> Yes <input type="checkbox"/> No Academic Year: _____</p> <p>What is your anticipated graduation date? Semester/Year _____</p>

Are you currently receiving financial aid, such as Pell Grant and/or scholarships through the UTRGV Office of Financial Aid and Scholarships?

- Yes       No

For federal financial aid purposes, are you considered a **Dependent** or **Independent** student?

**Dependent Student:** You are considered dependent if you do not meet one or more of the criteria for independent status.

**Independent Student:** A financially independent student must meet **one** of the following criteria:

- at least 24 years old by Dec. 31
- orphan or ward of court at 18 years old
- married
- veteran or active duty military
- have legal dependents
- homeless as a minor

\_\_\_ Family size in household, including yourself (this includes everyone living in home)

**We need to verify your income: Please choose one of the following four options that you prefer for us to verify income:**

FAFSA data on file with UTRGV.

Income Tax Return: A **signed** copy of my parent/guardian's tax return for the most recent tax year is attached.

- If you are **independent** student, you will need to provide a copy of **your** income tax form for the most recent tax year.
- Use parent/guardian's income tax return if **dependent**.

My parent/guardian and I respectfully decline to provide a copy of our tax return for the most recent tax year but will report taxable income that is listed on the income tax return for the most recent tax year. \$ \_\_\_\_\_

My parent/guardian and/or I did not submit a federal income tax return for the most recent tax year but attest that the taxable income from all sources for the most recent tax year was: \$ \_\_\_\_\_

**PARENT SIGNATURE REQUIRED:** \_\_\_\_\_

Parent/Guardian Printed Name (if Dependent)

Parent/Guardian Signature (if Dependent)

\_\_\_\_\_ Date

All students enrolled in the TRiO SSS must demonstrate an academic need. Please check all items that apply. You must check at least ONE to be eligible for this program.

- Low college readiness indicator (GPA, SAT, ACT test scores)
- Lack of educational and/or career goals
- Conditionally admitted to UTRGV College Grades
- Currently failing a class or have a low midterm grade (s)
- Currently on academic probation
- Undecided educational and/or career goals
- Have unmet financial need.
- A non-traditional college student (out of school for a minimum of 5 years)
- Low high school grades
- Need for academic support to raise grade(s) in required course(s) academic major
- Seeking a preprofessional program, such as (medicine, pharmacy, dental, nursing, veterinarian, etc....)
- Lack of academic preparedness for college level course work
- Work more than 20 hours/week: How many? \_\_\_\_\_

What are your academic goals? (This must be answered.)

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If freshman or sophomore, would you be interested in participating in our mentoring program? Yes No

If junior or senior, would you be interested in volunteering to be a mentor? Yes No

**READ ME**

**I would like to participate in the TRiO SSS and receive the free services provided. I hereby certify that the information provided in this application is accurate and complete to the best of my knowledge. I give consent for SSS to access all my student records at UTRGV, including both academic and financial records. In addition, I give consent to SSS staff to share my information with other staff, faculty, and mentor if it will assist with my academic success.**

**I understand that completion of this form does not guarantee acceptance into SSS. Once accepted into the SSS program, I understand I must meet the program requirements and remain active in the program. Failure to follow program requirements or recommendations may result in removal from the SSS program.**

**Furthermore, I grant permission to SSS staff to include my name and/or picture for marketing purposes, including but not limited to the website, publication, social media and presentations. I understand that by signing this application I am also authorizing SSS to contact me via text messages.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_