

# TRIO STUDENT SUPPORT SERVICES PROGRAM APPLICATION

## DEPARTMENT OF ACADEMIC ENRICHMENT



### PURPOSE

TRIO Student Support Services Program is a comprehensive academic support program which provides study skills assistance, tutoring, and the advising needed for success in college.

### STUDENT INFORMATION

**To the Applicant:** This application is our initial introduction to you and will play an important part in our consideration of you as a TRIO Student Support Services Program participant. Your responses are used to determine eligibility for services provided by the TRIO Student Support Services Program. *Incomplete applications will not be considered for admission.*

**Statement of Confidentiality:** All confidential information is maintained in locked files. TRIO staff has access for reporting purposes only.

**Name:** \_\_\_\_\_  
Last First Middle

**Home or Local Address:** \_\_\_\_\_  
Number & Street City State Zip Code

**Home Phone #:** \_\_\_\_\_

**Student Cell Phone #:** \_\_\_\_\_ **Preferred Phone #:** \_\_\_\_\_

**Student's Email:** \_\_\_\_\_ **Parent's Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_\_ **Sex:**  Male  Female

**Preferred Pronoun:**  He  She  They  Other \_\_\_\_\_

**Is English your second language?**  Yes  No

**Race/Ethnicity:** (Students who identify as multi-racial may check all boxes that apply):

I am of Hispanic, Latino or Spanish ethnicity/origin.  Yes  No

Asian  Black or African American  White or Caucasian (non-Hispanic/non-Latino)

American Indian/Alaskan Native  Native Hawaiian or Other Pacific Islander



## ELIGIBILITY VERIFICATION

To determine your eligibility for participation, please respond to the following questions:

### *Citizenship & Enrollment*

1. Are you a citizen or national of the United States?  Yes  No
2. Are you a permanent resident of the United States?  Yes  No
3. Are you enrolled or accepted for enrollment at Kutztown University?  Yes  No

### *Financial Eligibility*

4. For the previous calendar year, how many members of your family, including yourself, were living at home? Please indicate the total number by checking one of the following:  
 1  2  3  4  5  6  7  8 If more than 8, how many? \_\_\_\_\_
5. Were you ever part of the Foster Care System?  Yes  No
6. Do your parents claim you as a dependent on their Income Taxes?  Yes  No
7. For the previous calendar year, indicate your parents' total *taxable* income found on line 15 of Form 1040 \$ \_\_\_\_\_
8. For the previous calendar year, indicate your (the student's) total taxable income found on line 15 of Form 1040, if you filed a Federal Income Tax Return \$ \_\_\_\_\_

### *First Generation College*

9. Has either parent or legal guardian ever received a 4-year college degree?  
Father/Guardian:  Yes  No  
Mother/Guardian:  Yes  No

### *Self-Disclosure – Support Services*

10. Did you use disability services in high school?  Yes  No  Prefer not to disclose

**By signing below, I certify that the information on this form is complete and accurate.**

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail applications to: TRIO SSSP Rohrbach Library Room 27 P.O. Box 730 Kutztown, PA 19530**

\*For more information about TRIO Student Support Services please visit our website at \_\_\_\_\_

Revised 3/2021

-----Office use only -----

**Eligibility:**  Fin. Elig.  First Gen.  Phys. Dis  Learn Dis.  
**Academic Need:**  
 01  02  03  04  05  06  07  08  09  10  11  12  13  14  15  
 Admit  Deny **Director's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_