# 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 identity 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



KUTZTOWN UNIVERSITY

# 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 www.kutztown.edu/TRIO. Revised 2/2022

---*Office use only*---

**Eligibility:** ☐ Fin. Elig. ☐ First Gen. ☐ Disability

**Academic Need:**

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15

**☐ Admit ☐ Deny Director's Signature** _____ **Date** _____