

**Complete the taxable income worksheet on the last page before beginning application.**

**TRiO Student Support Services (SSS)**

**Application Form**

**Please complete all questions using a pen and leave no blank responses. Rngcug'y t kg'igi ldr{ 0**

Name: \_\_\_\_\_ (\_\_\_\_\_)  
First Middle Last Preferred

Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

APSU Box: \_\_\_\_\_ APSU E-mail: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Banner ID Number: A \_\_\_\_\_ Other Telephone: (\_\_\_\_\_) \_\_\_\_\_

SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_ male (1) \_\_\_ female (2)  
(MM-DD-CCYY)

Predominant Ethnic Background (optional):

\_\_\_ American Indian/Alaskan Native (1) \_\_\_ Asian (2) \_\_\_ Black/African American (3) \_\_\_ Hispanic/Latino (4) \_\_\_ White (5)  
\_\_\_ Native Hawaiian/Pacific Islander (6) \_\_\_ More than 1 race (7) \_\_\_ No response (0)

Who can we thank for referring you to SSS? \_\_\_\_\_

**Eligibility Criteria: Funding is provided by the U.S. Department of Education and requires specific documentation for enrollment into the TRiO Student Support Services Program.**

**A. Citizenship Status**

Are you a U.S. citizen or permanent resident? \_\_\_ Yes \_\_\_ No

**B. First-Generation Status (parent's or guardian's educational level)**

Mother has a 4-year college degree. \_\_\_ Yes \_\_\_ No

Father has a 4-year college degree. \_\_\_ Yes \_\_\_ No

**C. Income Status**

Do your parents claim you as a dependent? \_\_\_ Yes \_\_\_ No

Please place a check mark in the blank below which indicates your range of **taxable** family income for the last calendar year. (To determine taxable income, complete the attached worksheet and include supporting documents with this application.)

\_\_\_ Less than \$13,470 \_\_\_ \$13,470-\$18,180 \_\_\_ \$18,180-\$22,890 \_\_\_ \$22,890-\$27,600  
\_\_\_ \$27,600-\$32,310 \_\_\_ \$32,310-\$37,020 \_\_\_ \$37,020-\$41,730 \_\_\_ \$41,730-\$46,440  
\_\_\_ More than \$46,440

Circle the number of people in your household including yourself:

1 2 3 4 5 6 7 8 9 more

**D. Disability Status**

Do you have a documented disability that requires academic support from SSS? \_\_\_ Yes \_\_\_ No

Please explain: \_\_\_\_\_

If yes, are you registered with the Office of Disability Services? \_\_\_ Yes \_\_\_ No

(Note: Disability status must be verified with an accommodation letter from the Office of Disability Services. Students must provide this documentation to SSS before services are provided.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SSN \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender 1 2 Race/Ethnicity 1 2 3 4 5 6 7 0 Eligibility 1 2 3 4 5 Project Entry Date \_\_\_\_\_ Cohort \_\_\_\_\_  
First School Enrollment Date \_\_\_\_\_ Academic Need 1 2 5 6 7 8 9 10 11 12 13 14 15 College Grade Level / Entry to Project 1 2 3 4 5 6  
For Office Use Only

**Please answer the following questions:**

- A. Have you previously earned a Bachelor's Degree?  Yes  No  
Have you ever attended college?  Yes  No

If yes, where and when? \_\_\_\_\_(From) \_\_\_\_\_(To) \_\_\_\_\_

- B. Have you applied for financial aid?  Yes  No  
Have you been offered financial aid?  Yes  No

**Please attach a copy of your award history. TRiO Student Support Services is required to verify through SFAO the amount of financial aid needed, the amount of financial aid offered, the amount of unmet need, the amount of grant aid offered, and the reason full financial aid not awarded.**

- C. What is your first school enrollment date at APSU? \_\_\_\_\_

(MM-DD-CCYY)

What is your current classification?  FR, first-time  FR, continuing  SO  JR  SR

Do you plan to earn a Bachelor's Degree from APSU?  Yes  No

If yes, what is your target graduation date? \_\_\_\_\_

(Semester/Year)

Do you plan to complete your degree as a full-time student?  Yes  No

Do you plan to apply to a graduate school?  Yes  No

Are you on academic probation?  Yes  No

Have you previously participated in TRiO Student Support Services, Upward Bound, Veterans Upward Bound, Educational Opportunity Center, or Educational Talent Search?  Yes  No

- D. Did you graduate from high school?  Yes  No

If yes, what school and year? \_\_\_\_\_

High School GPA: \_\_\_\_\_

If no, did you receive a GED?  Yes  No

GED score and year: \_\_\_\_\_

- E. Are you required or have you been required to take enhanced, remedial, and/or developmental courses?  
 Yes  No

If yes, please list all required courses:

\_\_\_\_\_  
\_\_\_\_\_

- F. Do you have limited English proficiency?  Yes  No

- G. Have you chosen a major?  Yes  No

If yes, what? \_\_\_\_\_

Please provide the name of a person the program may contact to obtain information about you if you leave the program and/or the college.

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Austin Peay State University affirms that it does not discriminate based on race, color, religion, national origin, sex, sexual orientation, age, disability or veteran status in the educational programs or activities which it operates, or in admission to or employment in such programs or activities, as set forth in Title VI and VII, Title IX, section 504, and ADA. Also see University Affirmative Action Philosophy in Student Handbook and Planner.

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### CERTIFICATION STATEMENT

I certify that all information on this application, including supporting financial and family documentation, is true and correct to the best of my knowledge. I give permission to release my name and/or picture to provide recognition in newsletters, web pages and/or other publications.

I understand that the above information will be used for statistical purposes in the Annual Performance Report required by the U.S. Department of Education.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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*For Office Use Only*

The student whose name and personal information appears on the previous page has been selected to participate in TRiO Student Support Services at APSU based on the following data:

Meets Citizenship Requirement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meets First Bachelor's Degree Enrollment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meets First-Generation Criteria:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meets Low-Income Criteria:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meets Disability Criteria:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Select the main category used to determine this student's need for project services. The "Other" category is to be used sparingly.

Academic Need:

<input type="checkbox"/> Low High School GPA (01)	<input type="checkbox"/> Failing Grades (09)	<input type="checkbox"/> Lack of Academic preparedness for College (14)
<input type="checkbox"/> Low Admission Test Scores (02)	<input type="checkbox"/> Out of the Academic Pipeline for 5+ years (10)	<input type="checkbox"/> Need for academic support to raise grades (15)
<input type="checkbox"/> Predictive Indicator (05)	<input type="checkbox"/> Other (11)	
<input type="checkbox"/> Diagnostic Tests (06)	<input type="checkbox"/> Limited English proficiency (12)	
<input type="checkbox"/> Low College Grades (07)	<input type="checkbox"/> Lack of educational and/or career goals (13)	
<input type="checkbox"/> High School Equivalency (08)		

(MM-DD-CCYY)

Date Accepted/Date of Contract

Signature of Director or Designee

**TRiO Student Support Services  
Taxable Income Worksheet**

This worksheet will determine your income status.

**It should be finished prior to completing the TRiO Student Support Services Application Form.**

1. Do your parents claim you as an exemption on their income tax return?  Yes  No

If yes, then family income is based on parental income and supporting documentation must be provided by the parents.

2. What is your marital status?  Married  Single

If married, then family income is based on you and your spouse and supporting documentation must be provided by both.

3. Did you file federal income taxes in the past calendar year?  Yes  No

A. If **YES**, then please state your family's total **taxable** income and the number of exemptions you claimed.

Taxable Income \$ \_\_\_\_\_

Exemptions \_\_\_\_\_

**Note: Taxable income can be found from line 43 on Form 1040, line 27 on Form 1040A, or line 6 from 1040EZ. The number of exemptions claimed is found on line 6d for Form 1040 and Form 1040A. For Form 1040EZ, use 1 or 2 if single or married with no dependents.**

B. If **NO**, then please provide income verification from one of the following Government sources:

SS/SSI Benefits

AFDC/ADC from Department of Human Services

VA Benefits

Workmen's Compensation

Proof of Child Support

Unemployment Benefits

Other

Taxable Income \$ \_\_\_\_\_

Number of Household Members \_\_\_\_\_

4. I meet the low-income criteria:  Yes  No