



TRIO/SSS Application

Name: _____
First M.I. Last Former Names/Maiden Name

Campus Address: _____
Hall Name/Apartment & Box OR Number & Street City State Zip

Permanent Address: _____
Number & Street City State Zip

Cell #: () _____ Home #: () _____ Date of Birth: _____
Month/Day/Year

Student ID# _____ Email: _____

Male Female Marital Status: Single Married Separated Divorced Widowed

Ethnicity/Race: Hispanic/Latino American Indian or Alaskan Native African American

Asian Native Hawaiian or Pacific Islander White

When did you first enroll at the University of Mary? _____

Graduated from High School: _____ H.S. GPA: _____ Class Rank: _____ out of _____
Month/Year

Received GED/TABE: _____ Previously attended another college/university? Yes No
Month/Year

Name of Previous Institution(s)	Dates Attended	Degree Earned
_____	_____	_____
_____	_____	_____

UMary Major: _____ Undecided

Academic Needs (please check all statements that apply)

- I need to improve my study habits and skills.
- I need to improve my time management habits and organizational skills.
- I need to improve my note-taking and textbook highlighting skills.
- I need to improve my test preparation skills, including learning memory techniques.
- I need to learn test-taking strategies in order to improve my testing performance.
- I need to learn ways to better manage test anxiety in order to improve my testing performance.
- I need to gain a deeper understanding of my personal and academic strengths and career interests.

Eligibility Questions (please circle the appropriate answers)

- Have you already earned a bachelor’s degree? Yes No
- Has the parent/guardian with whom you resided with until age 18 earned a bachelor’s degree? Yes No
- Do you have a documented physical or learning disability? Yes No
- Are you a United States citizen or a Resident Alien? Yes No
- At any time since you turned 13, were you an orphan, a foster care youth, a dependent of the court, or a ward of the court? Yes No
- Do you meet the family income eligibility guidelines listed below? Yes No

Family Income Eligibility Table **Based on Taxable Income**

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$19,320	\$24,135	\$22,230
2	\$26,130	\$32,655	\$30,060
3	\$32,940	\$41,175	\$37,890
4	\$39,750	\$49,695	\$45,720
5	\$46,560	\$58,215	\$53,550
6	\$53,370	\$66,735	\$61,380
7	\$60,180	\$75,255	\$69,210
8	\$66,990	\$83,775	\$77,040

For family units with more than eight members, add the following amount for each additional family member: \$6,810 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,520 for Alaska; and \$7,830 for Hawaii.

I authorize SSS/TRIO to use my name/picture for public recognition as part of the SSS/TRIO program. _____ (initials)

Student Support Services/TRIO is a program designed to help you graduate. The information provided is confidential and will help determine eligibility for the SSS/TRIO program. Discrimination is prohibited on the basis of race, gender, color, national origin, religion, age, disability, marital or parental status, or sexual orientation.

I hereby authorize SSS/TRIO to obtain and share any information pertinent to my participation in the program. This information includes, but is not limited to, financial aid information, standardized test scores, transcripts, and grade reports. I also verify that the information provided on this form is correct and complete to the best of my knowledge.

Student’s Signature: _____ Date: _____

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ACT Composite: _____ English: _____ Math: _____ Science: _____ Reading: _____ SAT: _____
 Eligibility: FG D LI Verified: _____ Probation: Y N College GPA: _____
 Academic Need: _____ Explanation: _____ Mentor: _____
 Project Staff Signature: _____ Date: _____