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**TRiO Student Support Services**

**Clarion University of Pa**

**840 Wood Street**

**436 Becht Hall**

**Clarion, PA 16214**

**814.393.1696**

**maiello@clarion.edu**

**Program Application 2018-19**

**\*\*Student Support Services is a federally-funded TRiO program within the Student Success Center. The program exists to promote students who are first-generation and/or low-income or who have a disability.**

**DIRECTIONS:** Please answer all of the questions on this form. Your responses are used to determine eligibility for services provided by the TRIO Student Support Services program.

**STATEMENT OF CONFIDENTIALITY:** *All confidential information is maintained in locked files. TRIO staff have access for reporting purposes only.*

**STEP ONE: GENERAL INFORMATION**

Student Name: Clarion Student I.D. #:\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Initial Last

Address: Street City State Zip

Phone: H ( ) \_\_C ( ) \_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

month day year

**Gender:** M \_\_\_\_\_ F \_\_\_\_\_

**Race/Ethnicity:** Please check any of the following that represent your ethnicity/and or race:

Hispanic or Latino ❒ Not Hispanic or Latino ❒

American Native/Alaskan Native ❒ African American/Black ❒

Native Hawaiian/Pacific Islander ❒ Caucasian/White ❒ Asian ❒

\*Are you a U.S. Citizen or permanent resident? YES \_\_\_\_\_ NO \_\_\_\_\_

\*Are you registered with the Office of Disability Support Services? YES \_\_\_\_\_ NO \_\_\_\_\_\_

\*Have you participated in any of the following programs?

Student Support Services \_\_\_\_\_\_ Talent Search \_\_\_\_\_ Upward Bound \_\_\_\_\_\_ N/A \_\_\_\_\_

Have you completed any college credits through dual enrollment or attending another university /college?

YES \_\_\_\_\_ # of credits \_\_\_\_\_ NO \_\_\_\_\_ \*\*\* (**TURN OVER for page 2)**

**STEP TWO: ELIGIBILITY**

**As a federally-funded program TRiO SSS is required to provide documentation/proof of a student’s eligibility to the U.S. Department of Education. In the event of a federal audit, participants and their parents/guardians may have to provide tax documentation to confirm the information provided below. IMPORTANT: You *don’t* have to meet all eligibility requirements to be accepted into the program, however complete applications are necessary. Please complete each section below.**

**First-generation Status:**

Has either parent or legal guardian, with whom you reside, received a FOUR-year Bachelors Degree?

Father completed four-year degree ❒

Mother completed four-year degree ❒

Neither parent completed four-year degree ❒

**Financial Eligibility:**

\*\*You are a dependent if you are claimed on your parents’/guardians’ tax return. Please answer the following questions to determine your financial eligibility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of people in your household (including yourself)

$ \_\_\_\_\_\_\_\_\_\_\_\_\_ Parents’/guardians’ actual or estimated Total Income from the most recently filed tax form. (Line #43 on IRS 1040 tax form, Line # 27 on IRS 1040A tax form, or Line # 6 on IRS 1040EZ tax form.)

Single Parent Household ❒ Yes ❒ No

❒ Check here if you (independent) or your parents (dependent) did not or will not file a tax form for 2016.

**Certification Statement:**

*By signing below, I certify that all of the information on this form is true and complete to the best of my (our) knowledge.*

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

Student signature Date

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

Parent signature Date

(Needed if student is a dependent.)

|  |
| --- |
| **TRiO office use only.** |

AN Code

*Eligibility Code:*

*FG/LI* ❒ *FG* ❒ LI ❒ D ❒ D/LI ❒ D/FG ❒ Confirmed Date

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