

Welcome to your **first step** towards **SUCCESS!**



TRiO SSS

STUDENT SUPPORT SERVICES

Quick Application Instructions

1

Download and install **free Adobe Acrobat Reader** on your computer in order for the PDF application to work and save properly.

2

Open **PDF application** using Adobe Reader (not Chrome or any other browser) and then complete and save the application there.

3

Email your application, along with a copy of your (or parents') **latest income tax return**, to trioss@tamiu.edu

Note: To download **Adobe Reader**, visit [https:// get.adobe.com/reader/](https://get.adobe.com/reader/)

Don't hesitate to let us know if you have any issues, concerns or questions about the application process. **We're always happy to help!**



Phone:
(956) 326-2718



Email:
trioss@tamiu.edu



Office:
ZSC 222

TRiOSSS

PROGRAM APPLICATION

Equal Opportunity Admission: TRiO SSS is committed to servicing all persons seeking academic support, and we encourage applications from students of diverse backgrounds. No distinctions are made upon the basis of race, color, disability, religion, age, gender, sexual orientation, marital status and/or life circumstances. For help completing application, please call our office at (956) 326-2718.

I. STUDENT INFORMATION

- a. First Name: _____ Middle Name: _____ Last Name: _____
- b. DOB: _____ TAMIU Student ID: _____
- c. Current Address: _____ City: _____ State: _____ Zip Code: _____
- d. Home Phone: _____ Mobile Phone: _____
- e. Permanent Address: _____ City: _____ State: _____ Zip Code: _____
- f. TAMIU Email: _____ @dusty.tamtu.edu
- g. Personal Email: _____ @ _____
- h. Gender: _____ Male _____ Female
- i. Marital Status: _____ Single _____ Married _____ Divorced _____ Widow/er
- j. Citizenship Status: _____ U. S. Citizen _____ Resident _____ Alien
- k. Race/Ethnicity: _____ Hispanic _____ Black/African American _____ American Indian
 _____ White _____ Asian _____ Hawaiian or Pacific Islander

II. ELIGIBILITY INFORMATION

First generation is defined as an individual with: 1) parents (natural or adoptive) without a bachelor's degree; and/or 2) who did not live with a natural or adoptive parent who provided support before turning 18; and/or 3) who lived with a single parent without a bachelor's degree who provided support only before turning 18.

- a. What is the highest degree completed by your parent(s)?

Mother/guardian highest degree obtained:

High School _____ College Associate's _____ University Bachelor's _____ Other, explain _____

Was the highest degree earned in the United States? _____ Yes _____ No

Father/guardian highest degree obtained:

High School _____ College Associate's _____ University Bachelor's _____ Other, explain _____

Was the highest degree earned in the United States? _____ Yes _____ No

- b. Do you have a documented disability? _____ Yes _____ No

If yes to b, are you registered for services with TAMIU's Disability Service Office? _____ Yes _____ No

III. FINANCIAL INFORMATION

- a. Did **YOU** file an income tax return (IRS Form 1040)? _____ Yes _____ No _____ Will file
- b. If you filed an income tax return last year, what was your adjusted gross income?
(IRS Form 1040 line 11): \$ _____
- c. What was your taxable income? (IRS Form 1040 line 15) \$ _____
- d. Did **YOUR PARENTS** file an income tax return (IRS Form 1040)? _____ Yes _____ No _____ Will file
- e. Did your parent(s)/guardian claim you as a dependent? _____ Yes _____ No
- f. If your parent(s)/guardian filed an income tax return last year and claimed you as a dependent, what was your family's adjusted gross income? (IRS Form 1040 line 11) \$ _____
- g. What was their taxable income? (IRS Form 1040 line 15) \$ _____
- h. What is the number of claimed family household members? (same as in IRS Form 1040) _____

IV. ACADEMIC INFORMATION

- a. Did you receive a GED (General Educational Development Test) diploma? _____ Yes _____ No
- b. What high school did you attend? _____ City: _____
State: _____ Year graduated: _____ High School GPA: _____
- c. Was there a period of five years or more that you did not attend college? _____ Yes _____ No
- d. Have you been attending college to earn a bachelor's degree for five years or more?
_____ Yes _____ No
- e. What is your academic major? _____
- f. What is your minor (if applicable)? _____
- g. How many hours are you currently enrolled in? _____
Year _____ Semester: Fall _____ Spring _____ Summer _____
- h. If applicable, what is your college cumulative GPA? _____

V. NEEDS INFORMATION

a. Select the services that you would like to receive from TRiO SSS in general:

- | | | |
|---|---|--|
| <input type="checkbox"/> Financial Aid Information | <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Employment on Campus |
| <input type="checkbox"/> Applying for Financial Aid (FAFSA) | <input type="checkbox"/> Priority Registration | <input type="checkbox"/> Job Searching |
| <input type="checkbox"/> Finding other Financial Resources | <input type="checkbox"/> Degree Advising | <input type="checkbox"/> Career Counseling |
| <input type="checkbox"/> Caretaking Resources | <input type="checkbox"/> Leadership Opportunities | <input type="checkbox"/> Job Shadowing |
| <input type="checkbox"/> Scholarship Help | <input type="checkbox"/> Cultural Enrichment | <input type="checkbox"/> Letter of Recommendations |
| | <input type="checkbox"/> Applying to a Graduate Program | |

b. Select the services that you would like to receive from TRiO SSS for self-enhancement:

- | | | |
|---|--|--|
| <input type="checkbox"/> Study Strategies | <input type="checkbox"/> Stress Management | <input type="checkbox"/> Research Methods |
| <input type="checkbox"/> Writing Skills | <input type="checkbox"/> Test Anxiety | <input type="checkbox"/> Software Skills |
| <input type="checkbox"/> Reading Speed Skills | <input type="checkbox"/> Coping Skills | <input type="checkbox"/> Job Skills (Resume, Interview, Application Writing) |
| <input type="checkbox"/> Note-Taking Skills | <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> Computer Technology |
| <input type="checkbox"/> Test-Taking Skills | <input type="checkbox"/> Social Integration | <input type="checkbox"/> Career networking |
| <input type="checkbox"/> Study Habits | <input type="checkbox"/> Personal Counseling | |
| <input type="checkbox"/> Memory Enhancement | | |
| <input type="checkbox"/> Time Management | | |

c. Check the services that you would like to receive from TRiO SSS for assistance to overcome barriers:

- | | | |
|--|--|--|
| <input type="checkbox"/> Lack of Family Support | <input type="checkbox"/> Health Issues | <input type="checkbox"/> Transportation Problems |
| <input type="checkbox"/> Family Medical Problems | <input type="checkbox"/> Disability Issues | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family Problems | <input type="checkbox"/> Losing Focus | |
| <input type="checkbox"/> Separation/Divorce | <input type="checkbox"/> Sleep Problems | |
| <input type="checkbox"/> Lack of Peer Support | <input type="checkbox"/> Drug and Alcohol Problems | |