

TRiO Student Support Services Program Application

EQUAL OPPORTUNITY ADMISSION: TRiO Student Support Services is committed to servicing all persons seeking academic support and we encourage applications from students of diverse backgrounds. No distinction is made upon the basis of race, color, disability, religion, age, gender, sexual orientation, marital status or life circumstance.

Date: _____

I. Student Information

1. Name: _____
2. SS# _____ - _____ - _____
3. DOB: _____
4. Student ID # _____
5. Local Address: _____
6. City/State/Zip: _____
7. Home Phone: _____
8. Cellular Phone: _____
9. Permanent Address: _____
10. City/State/Zip: _____
11. Email Address: _____
12. Gender: _____ M _____ F
13. Marital Status: _____ Single _____ Married
14. Citizenship Status: U. S. Citizen _____ Resident Alien _____ Resident Alien Card # _____
15. Ethnicity: _____ Asian _____ Black/African American
_____ Hispanic/Latino(a) _____ Caucasian/Anglo _____ Other
16. Place of employment: _____
17. Work Study? _____ Yes _____ No
18. Average number of hours worked per week: _____
19. May we contact you at work? _____ Yes _____ No
20. If yes to previous question, what is your work phone number? _____
21. Are you a First-Generation college student? _____ Yes _____ No
22. High School Attended: _____ City: _____ State: _____

23. Year graduated from High School: _____ 24. High School GPA: _____
25. Are you a previous participant in other federal programs? _____ No _____ Yes
26. If you answered Yes to the previous question, indicate the program(s) in which you have participated:
Upward Bound _____ Talent Search _____ E.O.C. _____ Student Support Services _____
Upward Bound Math/Science _____ McNair _____
27. College GPA: _____
28. ACT Scores: _____ Composite Score _____ Quantitative _____ Verbal
29. SAT Scores: _____ Composite Score _____ Quantitative _____ Verbal
30. THEA Scores: _____ Reading _____ Math _____ Writing
31. Compass Scores: _____ Algebra _____ Writing _____ Reading

II. Enrollment Status

32. Classification:

_____ Freshman _____ Junior _____ Transfer

_____ Sophomore _____ Senior

_____ Full-time Student (12+ hours) _____ Part-time Student

_____ Day Student _____ Evening Student

33. Major: _____ Undecided _____ Declared Major: _____
Minor (If applicable): _____

34. Number of hours currently enrolled: _____

35. Career goals: _____

36. Highest Degree you plan to obtain?

_____ Bachelors _____ Masters _____ Doctorate _____ Other

III. Financial Information

37. Have you applied for financial aid? _____ Yes _____ No

38. Have you been awarded financial aid? _____ Yes _____ No

39. If yes, do you receive any of the following?

_____ Pell Grant _____ Subsidized Loan _____ Unsubsidized Grants _____ GI Bill

_____ Texas Grant _____ Scholarships _____ Other _____

40. Did you file an income tax return (IRS 1040)? _____ Yes _____ No _____ Will file

41. If you filed an income tax return last year, what was your taxable income? _____

42. Did your parents file an income tax return (IRS 1040)? _____ Yes _____ No _____ Will file

43. Do your parent(s)/guardian claim you as a dependent? _____ Yes _____ No

44. If your parent(s)/guardian filed an income tax return last year and claimed you as a dependent, what was their taxable income? _____

45. Did you/your family receive assistance from the following?

_____ TANF (AFDC) _____ Social Security

_____ Food Stamps _____ Unemployment compensation

_____ Veterans Benefits _____ Medicaid/Medicare _____ Other

IV. Household Information

46. Did you reside with your parent(s)/guardian during the last year? _____ Yes _____ No

47. Number in family household (dependents, including parents): _____

48. Where will you live while attending TAMIU? _____

49. Are you a single parent? _____ Yes _____ No

50. If yes, number of children: _____ Ages of children: _____

51. What is the highest level of education completed by your parent(s)?

Mother:

_____ Grade School _____ Middle School _____ High School _____ 2-year College _____ Other

Father:

_____ Grade School _____ Middle School _____ High School _____ 2-year College _____ Other

52. If you answered other to the previous question, please explain: _____

V. Needs Assessment

53. Check all of the following services that may interest and/or benefit you:

_____ Academic Counseling _____ Degree Counseling _____ Financial Aid Counseling/Assistance

_____ Personal Counseling _____ Career Counseling/Exploration

_____ Other _____

54. Which of the following workshop subject areas would be of most interest to you?

_____ Study Skills _____ Time Management _____ Self Confidence

_____ Writing Skills _____ Note-Taking Skills _____ Health Issues

_____ Test Anxiety _____ Stress Management _____ Disability Issues

_____ Research Skills _____ Computer Technology _____ Microsoft Word

55. Which of the following areas would you like or do you need assistance with in order to facilitate your academic goals?

_____ Poor study skills _____ Low grades _____ Family medical problems

_____ Financial issues _____ Separation/Divorce _____ Problems at home

_____ Time management _____ Social Integration _____ Lack of transportation

_____ Lack of family support _____ Alcohol/Drug Problems _____ Shyness

_____ Health Issues _____ Losing focus _____ Other _____

56. How would you describe yourself? _____

This Page to be completed and signed during the TRiO Student Support Service Interview:**Student Publicity Release:**

I agree that if I am accepted into the TAMIU TRiO Student Support Services Program, the staff may include my name and/or picture in publications, including their newsletter and website. These highlight student accomplishments and participation on campus and in the STAR Program activities.

Student Signature: _____ Date: _____

Release of Information:

I, _____, SS# _____, certify that the information I have provided on this application is, to the best of my knowledge, complete and accurate. I understand that by applying for the TAMIU TRiO Student Support Services Program, I authorize the TRiO Program to obtain records or data pertinent to my participation from other sources, and to release information to the United States Department of Education and TRiO Programs. I will participate in activities (tutoring, workshops, counseling, etc.) designed to achieve my academic goals and promote my cultural and social growth. The TRiO Program staff has my permission to communicate verbally or otherwise with staff, faculty, instructors, and/or off-campus professionals on my behalf.

Student Signature: _____ Date: _____

Participation Agreement:

If eligible and accepted into the Texas A&M International University TRiO Student Support Services Program, I agree to attend a minimum of 2 hours of tutoring per week, one counseling session every two weeks, and attend at least two social, cultural and educational activities or workshops per semester unless otherwise directed by the Program Director or Academic Coordinator. I am aware that by signing this contract with the TRiO Program, I am willing to work towards the successful completion of my personal and educational goals leading to my degree.

Student Signature: _____ Date: _____

Statement of Rights and Responsibilities:

_____ I understand that I am not accepted into the Texas A&M International University TRiO Student Support Services Program or eligible for services until my application file is complete and I have been approved for admission into the program.

_____ I understand that I must complete and Individual Education Plan (IEP) each year I participate in the TRiO Program and I must comply as prescribed.

_____ I understand that I must meet with the TRiO Program Director or Academic Counselor at least twice per month, unless otherwise directed by Program Director or Academic Counselor.

_____ I understand that I must attend at least two cultural, social and educational activities or workshops each semester.

_____ I understand that I must apply for financial aid every year.

_____ I understand that I must notify the TRiO Program Staff if I drop out of Texas A&M International University, graduate or transfer to another college or university.

_____ I understand that I should seek academic and financial aid counseling from the TRiO Program Staff before dropping any courses.

_____ I understand that I am not eligible for TRiO Program services unless I agree to abide by the above requirements.

Student Signature

Date

Staff Signature

Date