

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.

I. Student Information

1. Name: _____
2. SS# _____ - _____ - _____
3. DOB: _____
4. Student ID # _____
5. Local Address: _____
6. City _____ State _____ Zip Code _____
7. Home Phone: _____
8. Cellular Phone: _____
9. Permanent Address: _____
10. City _____ State _____ Zip Code _____
11. Email Address: _____@dusty.tamtu.edu
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 _____Other
 _____Hispanic/Latino(a) _____Caucasian/Anglo _____
16. Are you currently employed? Yes No
- 16 b. Where do you work? _____
17. Is this a *Work Study* position? Yes No
18. What is the average number of hours that you work 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
 A first generation college student is whose parent(s) have not earned a 4 year (baccalaureate) degree.
22. Name of High School Attended: _____ City: _____ State: _____
23. Year graduated from High School: _____
24. High School GPA: _____

40. Did you file an income tax return (IRS Form 1040 or 1040 EZ)? Yes No Will file
41. If **you** filed an income tax return last year, what was your adjusted gross income?
 (IRS Form 1040 line 37 or IRS Form 1040EZ line 4) \$ _____
- 41b. What was your taxable income? (IRS Form 1040 line 43 or IRS Form 1040EZ line 6) \$ _____
42. Did your parents file an income tax return (IRS Form 1040 or 1040 EZ)? Yes No Will file
43. Did 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 your family's adjusted gross income? (IRS Form 1040 line 37 or IRS Form 1040EZ line 4) \$ _____
- 44b. What was their taxable income? (IRS Form 1040 line 43 or IRS Form 1040EZ line 6) \$ _____
45. Do you or any member of your family members receive any assistance from the following?
- | | | | |
|-------------------|---------------------------|----------------------|------------------------|
| TANF (AFDC) | Food Stamps | Veterans Benefits | Social Security Income |
| Medicaid/Medicare | Unemployment compensation | Other, explain _____ | |

IV. Household Information

46. Did you reside with your parent(s)/guardian during the last year? Yes No
47. What is the number of claimed family household members? _____ (same as IRS Form 1040 or 1040EZ)
48. Where will you live while attending TAMIU? Home Dorms Apartment
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's education:
- High School or below 2-year college 4 year college Other, explain _____
- Father's education:
- High School or below 2-year college 4 year college Other, explain _____
52. Do you have a documented disability? Yes No
53. If **yes**, are you registered for services with TAMIU's Disability Service Office? Yes No
*Please note: If you are **not** registered with TAMIU's Disability Service Office, you may be required to submit written documentation by a qualified professional, physician, or state agency to verify your eligibility status.*

V. Needs Assessment

54. Check all of the services that may you would like to receive.

- Academic Advising Degree Counseling FAFSA Filing Assistance
- Financial Aid Counseling Leadership Opportunities Cultural Enrichment Opportunities
- Tutoring Assistance Priority Registration Personal Counseling
- Selecting a Major Career Counseling/Exploration Other, explain _____

55. Which of the following workshops 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

56. 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, explain _____

57. How would you describe yourself? _____

57b. Briefly explain how the TRiO Program services indicated above will assist you in pursuing a college degree.

57c. Briefly explain what academic or personal obstacle you believe you may encounter as a college student.

57a. Briefly describe your level of college readiness.

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 TRiO/ SSS 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/ SSS 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/ SSS 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 to 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 advising 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/SSS 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:

Initials

_____ 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/ SSS Program Director or Academic Coordinator at least twice per month, unless otherwise directed by Program Director or Academic Coordinator.

_____ 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/ SSS Program Staff if I drop out of Texas A&M International University, or transfer to another college or university.

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

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

Student Signature

Date

Staff Signature

Date