

# 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: \_\_\_\_\_ Social# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. DOB: \_\_\_\_\_ TAMIU Student ID # \_\_\_\_\_
3. Local Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_
5. Permanent Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. Email Address: \_\_\_\_\_@dusty.tamtu.edu
7. Personal Email: \_\_\_\_\_@\_\_\_\_\_
8. Gender: \_\_\_M \_\_\_F Marital Status: \_\_\_Single \_\_\_Married
9. Citizenship Status: \_\_\_U. S. Citizen \_\_\_Resident Alien \_\_\_Resident Alien Card # \_\_\_\_\_
10. Ethnicity: \_\_\_Asian \_\_\_Black/African American \_\_\_Hispanic/Latino \_\_\_Caucasian/Anglo \_\_\_Other
11. Are you currently employed? \_\_\_Yes \_\_\_No If yes, is this a work study position? \_\_\_Yes \_\_\_No
12. What is the average number of hours that you work per week: \_\_\_\_\_
13. May we contact you at work? \_\_\_Yes \_\_\_No What is your work phone number? \_\_\_\_\_
14. A first generation college student is whose parent(s) have not earned a 4 year (baccalaureate) degree.
15. Are you a First-Generation college student? \_\_\_Yes \_\_\_No
16. Name of High School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
17. Year graduated from High School: \_\_\_\_\_ High School GPA: \_\_\_\_\_
18. Are you a previous participant in other federal programs? \_\_\_Yes \_\_\_No
19. If you answered Yes to the previous question, indicate the program(s) in which you have participated:  
 \_\_\_Upward Bound \_\_\_Upward Bound Math/Science \_\_\_Talent Search \_\_\_E.O.C.  
 \_\_\_Student Support Services \_\_\_McNair \_\_\_Other: \_\_\_\_\_

### II. Enrollment Status

20. What is your current classification? \_\_\_Freshman \_\_\_Sophomore \_\_\_Junior \_\_\_Senior
21. Are you transferring from another college/university? \_\_\_Yes \_\_\_No
22. Are you attending school full-time (12+ hours) or part-time (less than 12 hours)
23. Have you declared a major? \_\_\_Yes \_\_\_No If yes, what is your major? \_\_\_\_\_
24. What is your minor (if applicable): \_\_\_\_\_

- 25. How many hours are you currently enrolled? \_\_\_\_\_
- 26. If you have previously attended college /university, what is your GPA? \_\_\_\_\_
- 27. ACT Scores: English\_\_\_\_ Math\_\_\_\_ Reading\_\_\_\_ Science Reasoning\_\_\_\_ Composite Score\_\_\_\_\_
- 28. SAT Scores: Critical Reading\_\_\_\_\_ Mathematics\_\_\_\_\_ Writing\_\_\_\_\_ Total Score\_\_\_\_\_
- 29. THEA Scores Math \_\_\_\_\_ Reading \_\_\_\_\_ Writing\_\_\_\_ Composite Score\_\_\_\_\_
- 30. TAKS Scores ELA \_\_\_\_\_ Math\_\_\_\_\_ Writing \_\_\_\_\_

**III. Financial Information**

- 31. Have you applied for financial aid?\_\_Yes \_\_\_No Have you been awarded financial aid?\_\_Yes \_\_\_No
- 32. If yes, check those that apply:\_\_\_\_Pell Grant \_\_\_Texas Grant \_\_\_Subsidized Loan  
 \_\_\_Unsubsidized Loans \_\_\_ GI Bill Scholarships \_\_\_ Other, explain\_\_\_\_\_
- 33. Did you file an income tax return (*IRS Form 1040 or 1040 EZ*)? \_\_\_Yes \_\_\_No \_\_\_Will file
- 34. If you filed an income tax return last year, what was your adjusted gross income? (*IRS Form 1040 line 37or IRS Form 1040EZ line 4*) \$\_\_\_\_\_
- 35. What was your taxable income? (*IRS Form 1040 line 43or IRS Form 1040EZ line 6*) \$ \_\_\_\_\_
- 36. Did your parents file an income tax return (*IRS Form 1040 or 1040 EZ*)? \_\_\_Yes \_\_\_No \_\_\_Will file
- 37. Did your parent(s)/guardian claim you as a dependent? \_\_\_Yes \_\_\_No
- 38. 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? (*1040 line 37 or 1040EZ line 4*) \$\_\_\_\_\_
- 39. What was their taxable income? (*IRS Form 1040 line 43 or IRS Form 1040EZ line 6*) \$\_\_\_\_\_
- 40. Do you or any member of your family members receive any assistance from the following?
- 41. \_\_\_TANF (AFDC) \_\_\_Food Stamps \_\_\_Veterans Benefits \_\_\_Social Security Income  
 \_\_\_Medicaid/Medicare \_\_\_Unemployment compensation \_\_\_Other, explain\_\_\_\_\_

**IV. Household Information**

- 42. Did you reside with your parent(s)/guardian during the last year? \_\_\_Yes \_\_\_No
- 43. What is the number of claimed family household members? \_\_\_\_\_ (*same as IRS Form 1040 or 1040EZ*)
- 44. Where will you live while attending TAMIU?\_\_\_Home \_\_\_ Dorms \_\_\_Apartment
- 45. Are you a single parent? \_\_\_Yes \_\_\_No Number of children: \_\_\_ Ages of children: \_\_\_\_\_
- 46. 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\_\_\_\_\_

- 47. Do you have a documented disability? \_\_\_Yes \_\_\_No
- 48. 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**

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Academic Advising   | <input type="checkbox"/> Degree counseling     | <input type="checkbox"/> FAFSA Filing Assistance |
| <input type="checkbox"/> Financial Aid       | <input type="checkbox"/> Leadership            | <input type="checkbox"/> Cultural enrichment     |
| <input type="checkbox"/> Counseling          | <input type="checkbox"/> Opportunities         | <input type="checkbox"/> Opportunities           |
| <input type="checkbox"/> Tutoring Assistance | <input type="checkbox"/> Priority Registration | <input type="checkbox"/> Personal Counseling     |
| <input type="checkbox"/> Selecting a Major   | <input type="checkbox"/> Career Counseling     | <input type="checkbox"/> Other: _____            |

50. Which of the following workshops would be of most interest to you?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Study Strategies | <input type="checkbox"/> Time Management     | <input type="checkbox"/> Self-Confidence   |
| <input type="checkbox"/> Writing Skills   | <input type="checkbox"/> Note-Taking Skills  | <input type="checkbox"/> Health Issues     |
| <input type="checkbox"/> Test Anxiety     | <input type="checkbox"/> Stress Management   | <input type="checkbox"/> Disability Issues |
| <input type="checkbox"/> Research Skills  | <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Microsoft Word    |

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Poor Study Skills      | <input type="checkbox"/> Low Grades            | <input type="checkbox"/> Family Medical Problems |
| <input type="checkbox"/> Financial Issues       | <input type="checkbox"/> Separation/Divorce    | <input type="checkbox"/> Problems at Home        |
| <input type="checkbox"/> Time Management        | <input type="checkbox"/> Social Integration    | <input type="checkbox"/> Lack of Transportation  |
| <input type="checkbox"/> Lack of Family Support | <input type="checkbox"/> Alcohol/Drug Problems | <input type="checkbox"/> Shyness                 |
| <input type="checkbox"/> Health Issues          | <input type="checkbox"/> Losing Focus          | <input type="checkbox"/> Other: _____            |

52. Please tell us about your career goals and the university program(s) that will help you achieve your career.

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53. What requirements do you think are the most important in order to be accepted to graduate school?

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54. Briefly describe your study strategy for tests and class lectures.

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55. Briefly discuss your reading habits. Questions to consider: How much time and effort you put in reading your course books? Do you enjoy reading books for entertainment, and if so who are your favorite authors?

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**OFFICE USE ONLY**  
**Applicant Eligibility**

\_\_\_\_\_ U.S. Citizen                      \_\_\_\_\_ Resident Alien                      \_\_\_\_\_ Copy of Resident Alien Card

**Applicant is eligible based on:**

- |  |  |
|--|--|
| <p>___ Low HS Grades</p> <p>___ Low Admission Scores</p> <p>___ Predictive Indicator (SAT, ACT)</p> <p>___ Low College Grades</p> <p>___ High School Equivalency</p> | <p>___ Failing Grades</p> <p>___ Out of Academic Pipeline &gt; 5 Years +</p> <p>___ Lack of Educational and/or Career Goals</p> <p>___ Lack of Academic Preparedness for College</p> |
|--|--|

**Applicant is:**

- |  |  |
|--|--|
| <p>___ Low-Income and First-Generation</p> <p>___ Low-Income Only</p> <p>___ First-Generation Only</p> | <p>___ Disabled</p> <p>___ Disabled and Low-Income</p> |
|--|--|

**Applicant Referred by:**

- \_\_\_\_\_ Disability Services Coordinator
- \_\_\_\_\_ Advising and Mentoring
- \_\_\_\_\_ Special Programs: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

**Financial Aid Information**

EFC: \$ \_\_\_\_\_

Pell Grant: \$ \_\_\_\_\_

Texas Grant: \$ \_\_\_\_\_

Loans

Subsidized: \$ \_\_\_\_\_

Unsubsidized: \$ \_\_\_\_\_

**Staff Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE APPROVALS**

Director	Academic Coordinator	Program Coordinator
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Date	Yes	No	Date	Yes	No	Date	Yes	No
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**This Page to be completed and signed after the TRiO SSS 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**

I \_\_\_\_\_ (print name) agree as a participant of Texas A&M International TRiO Student Support Services Program to adhere to the requirements implemented by the U.S. Department of Education and to participate in TRiO SSS programed study strategies and activities such tutoring, mentoring, coaching, workshops, community service, or social, cultural and educational activities. These programmatic strategies are designed to improve my academic performance and graduate in a timely manner. I am aware that by signing this contract, I am willing to work and participate towards the successful completion of my personal and educational goals.

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 by mail for admission into the program.

\_\_\_\_\_ I understand that by participating in TRiO Student Support Services I am agreeing to have my application information uploaded to the U.S. Department of Education for reporting purposes

\_\_\_\_\_ I understand that as a first-time freshman (0 < 30hrs) I will be required to attend mandatory tutoring for the first year.

\_\_\_\_\_ I understand that if I am enrolled in a developmental class, or I am repeating a class or have poor academic performance, I will be required to attend tutoring.

\_\_\_\_\_ I understand that low participation in TRiO SSS program will result in a academic hold.

\_\_\_\_\_ I understand that if this is my first full-time enrollment at TAMIU, I will be required to attend mandatory academic coaching and Cognitive Behavioral Training (CBT).

\_\_\_\_\_ I understand that I must complete an 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