

**TRiO Student Support Services Program**

**STUDENT APPLICATION FOR PARTICIPATION**

Please print and please answer all sections on this application. Your responses are necessary to determine eligibility for this federally funded program. Because of the personal nature of some of these questions, your responses will be held in the strictest confidence.

**NAME:** \_\_\_\_\_  
LAST FIRST M.I.

**ADDRESS:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_  
STREET  
\_\_\_\_\_  
CITY STATE ZIP

**PHONE:** Home \_\_\_\_\_ Cell \_\_\_\_\_ **GENDER:** M \_\_\_\_\_ F \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**PROGRAM ELIGIBILITY CRITERIA**

*Please check one of the following:*

U.S. Citizen ( ) Permanent Resident ( ) A# \_\_\_\_\_ Other ( ) \_\_\_\_\_

*Please choose **any** of the following that best represents your ethnicity and/or race:*

African-American/Black ( ) Asian ( ) Native Hawaiian/Pacific Islander ( ) Hispanic/Latino ( )  
American Indian/Alaskan Native ( ) White/Caucasian ( ) Other (Please specify) \_\_\_\_\_

**Is English your first language?** Yes \_\_\_ No \_\_\_

If no, what is your native language? \_\_\_\_\_

How many years were you totally educated in English? \_\_\_\_\_

**Do either of your parents have a bachelor's degree (a 4-year degree)?** Yes \_\_\_ No \_\_\_  
(Or if you regularly resided with only one parent, did he/she complete a Bachelor's degree?)

**Do you have a documented disability?** Yes \_\_\_ No \_\_\_

If yes, are you registered with the Disability Resources and Services Office? Yes \_\_\_ No \_\_\_

**Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?** Yes \_\_\_ No \_\_\_

**Are you a Veteran of the US Armed Forces?** Yes \_\_\_ No \_\_\_

**Have you applied for financial aid at CU Denver?** Yes \_\_\_\_\_ No \_\_\_\_\_

For what term(s)? Summer ( ) Fall ( ) Spring ( ) Year? \_\_\_\_\_

Have you received your award? Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_ If no, what is the status? \_\_\_\_\_

**What is the total number of persons in your family/household?** \_\_\_\_\_

*Student, parent(s), and those financially supported by parent(s) or independent student*

**Answer the following section based on how you are classified for financial aid purposes, as when you completed your FAFSA. For a student under 24 years of age who is classified as a dependent student, your parent must fill out and sign off on the taxable income question below. If you are unsure, check with the Financial Aid Office. If you are classified as an independent student, complete the following for yourself.**

**What was your household's taxable income last year?**

(NOTE: Do not use gross or net income, but taxable income, which is typically much lower. Please review line 43 of the IRS 1040 form, line 27 of the 1040a, or line 6 of the 1040EZ to find this information— indicate range below with a check mark)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> No taxable income   | <input type="checkbox"/> \$24,691 – \$31,170 | <input type="checkbox"/> \$44,131 – \$50,610 | <input type="checkbox"/> \$63,571 – \$70,050 |
| <input type="checkbox"/> \$1 – \$18,210      | <input type="checkbox"/> \$31,171 – \$37,650 | <input type="checkbox"/> \$50,611 – \$57,090 | <input type="checkbox"/> \$70,051 – \$76,530 |
| <input type="checkbox"/> \$18,211 – \$24,690 | <input type="checkbox"/> \$36,651 – \$44,130 | <input type="checkbox"/> \$57,091 – \$63,570 | <input type="checkbox"/> \$76,531 +          |

Parent Signature \_\_\_\_\_

Independent Student Signature \_\_\_\_\_

**ACADEMIC ADVISING QUESTIONNAIRE**

**Did you receive a High School diploma?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year? \_\_\_\_\_

**If you did not receive a high school diploma, have you earned a GED?** Yes \_\_\_\_\_ No \_\_\_\_\_

**What services are you interested in receiving at CU Denver? (Check all that apply)**

- |                       |                             |  |
|-----------------------|-----------------------------|--|
| _____ Peer Mentoring  | _____ Academic Advising     | _____ Cultural Events/Activities         |
| _____ Career Advising | _____ Study Skills Seminars | _____ Financial Aid/Scholarship Planning |
| _____ Tutoring        | _____ Personal counseling   | _____ College Survival Seminars          |

Are there other areas of support that you may be interested in while at CU Denver? (Please list)

\_\_\_\_\_

Check the box if you participated in any of these: CU-Succeed \_\_\_\_\_ Pre-Collegiate \_\_\_\_\_

Minority Scholars \_\_\_\_\_ Upward Bound \_\_\_\_\_ Student Support Services \_\_\_\_\_

TRIO Scholars \_\_\_\_\_ GEAR UP \_\_\_\_\_ EOC \_\_\_\_\_ Talent Search \_\_\_\_\_

Other: \_\_\_\_\_ Where did you participate? \_\_\_\_\_

Please answer the following questions in a few sentences.

**Why did you choose to go to college, and why did you select CU Denver in particular?**

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**What are your career aspirations? What do you see yourself doing five years from now after you have completed your Bachelor's degree?**

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**Is there anything else you would like to share with us that may help us assist you in meeting your educational goals?**

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**ACKNOWLEDGEMENTS**

Please read each statement below and initial or check that you understand and agree.

I hereby give my permission for the CU Denver TRiO Student Support Services staff to access my academic and financial aid records for the purpose of verifying my eligibility and supporting me academically as a TRiO SSS participant and a CU Denver student. I understand that the TRiO SSS staff agrees to adhere to all guidelines outlined under the Federal Education Rights and Privacy Act.

I hereby give my permission for the CU Denver TRiO Student Support Services staff to access my midterm and semester grades electronically for the purpose of supporting me and my academic performance at CU Denver. I understand that I will have access to my academic record at any time.

YES, I WANT TO BE A MEMBER OF THE CU Denver TRiO STUDENT SUPPORT SERVICES PROGRAM.

|  |
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| <p><i>I certify that all the information provided on this form is true and complete.</i></p> <p><b>STUDENT SIGNATURE</b> _____ <b>DATE</b> _____</p> |
|--|

\*Your application must be filled out completely and signed and dated before it will be processed.

**FOR STAFF USE ONLY**

Student is *enrolled* at institution: Yes \_\_\_\_ No \_\_\_\_

Classification: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior  
\_\_\_\_\_ # of credits \_\_\_\_\_ # of credits \_\_\_\_\_ # of credits \_\_\_\_\_ # of credits

Student is *eligible* for services on the basis of:

\_\_\_\_(1)LI/FG \_\_\_\_ (2)LI Only \_\_\_\_ (3)FG Only \_\_\_\_ (4)D Only \_\_\_\_ (5)LI/D

\_\_\_\_\_ DRS Release of Information Request

**Citizenship:** \_\_\_\_\_ US Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Not citizen or permanent resident  
(Permanent Resident # reported on college application\_\_\_\_)

Participant Type:

\_\_\_\_(1)ESL \_\_\_\_ (2)Veteran \_\_\_\_ (3)Disabled \_\_\_\_ (4)Foster Child \_\_\_\_ (5) Homeless \_\_\_\_ (6)N/A

(Utilize application and Interview Form to identify participant type)

**Basis of Academic Need:**

\_\_\_\_\_

APR Code: \_\_\_\_\_

**Term Entered Program:** \_\_\_\_\_ **Cohort Year:** \_\_\_\_\_ **Grant Year:** \_\_\_\_\_

\_\_\_\_\_

Student is *ineligible* for services on the basis of: Income \_\_\_\_ First Generation \_\_\_\_ Academic Need \_\_\_\_  
Other \_\_\_\_\_

The signing of this form is to certify that all documents have been reviewed and eligibility has been determined.

STAFF SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Data base entry date \_\_\_\_\_ Entered by \_\_\_\_\_  
Print Name