

TRIO Student Support Services Program**STUDENT APPLICATION FOR PARTICIPATION**

Please print and answer all sections on this application in blue or black ink. 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# _____

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)? ☐ Fall ☐ Spring ☐ Summer Year? _____

Have you received your award? Yes___ No ___ Pending ___ If no, what is the status? _____

Did you (or your parents if you are under 24) file income taxes for the previous year?

Yes___ No ___ Current family size ___ Do you have dependent(s)? Yes___ No ___

Please be prepared to provide a copy of your (or your parents if you are under 24 years of age) taxable income documentation for the preceding year if you are contacted to interview for the program.

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 Guidance | ☐ Skill Building Workshops | ☐ Financial Aid/Scholarship Guidance |
| ☐ Tutoring | ☐ Personal Counseling | ☐ College Survival Seminars |
| ☐ Other: _____ | | |

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

Check the box if you participated in any of these:

- | | | |
|--|---|---|
| ☐ CU-Succeed | ☐ Pre-Collegiate | ☐ EOC |
| ☐ Minority Scholars | ☐ Upward Bound | ☐ Student Support Services |
| ☐ TRIO Scholars | ☐ Gear Up | ☐ 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?

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

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

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.

☐

I hereby give my permission for the CU Denver TRIO SSS Program to photograph me at events and use my name and photograph, in the promotion of the TRIO SSS Program.

☐

Yes, I want to be a member of the CU Denver TRIO Student Support Services Program.

I certify that all the information provided on this form is true and complete.

STUDENT SIGNATURE _____ DATE _____

If you are under 18 when completing this application, your parent must also sign this application.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

**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: (Utilize application and Interview Form to identify participant type)

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

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 _____

Database entry date _____ Entered by _____
Print Name