



**STUDENT INFORMATION**

**TRIO Student Support Services Application**

*"Success in College and Life"*

**Please print neatly.**

*For office use only:*

Eligibility: \_\_\_\_\_

Recv'd: \_\_\_\_\_

AGI: \_\_\_\_\_

Exmp: \_\_\_\_\_

TI: \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_ SS # or Mount ID #: \_\_\_-\_\_\_-\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_ Commuter?  Yes  No

Home Address: \_\_\_\_\_ School Address: \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ Residence Hall \_\_\_\_\_ Rm # \_\_\_\_\_ Gender:  Female

Male

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Campus Mail Box # \_\_\_\_\_

**ELIGIBILITY AND DEMOGRAPHIC INFORMATION**

Have you participated in a TRIO Program before?  Yes  No

If yes, which?  Talent Search  Upward Bound  Student Support Services

**Ethnicity:** (please check the one you most closely identify with)

Black  Hispanic  Asian/Pacific Islander  American Indian or Native Alaskan  White (non Hispanic)  Other

Are you a U.S. citizen or permanent resident?  Yes  No

**Parent/Guardian Education:**

**Mother:**

- Less than high school
- GED
- High school graduate
- Some college
- Associate Degree (2yr)
- Bachelor Degree (4yr)
- Graduate/Professional Degree

**Father:**

- Less than high school
- GED
- High school graduate
- Some college
- Associate Degree (2yr)
- Bachelor Degree (4yr)
- Graduate/Professional Degree

Does your family claim you as an exemption on their income tax return?  Yes  No

Do you have a disability?  Yes  No If yes, please list: \_\_\_\_\_

\* If accepted into TRIO, you will be asked to provide documentation.

Is English your first language?  Yes  No Language(s) spoken: \_\_\_\_\_

**EDUCATION**

Current Major: \_\_\_\_\_ Current Advisor: \_\_\_\_\_

**High School Information:**

High School Attended \_\_\_\_\_ When did you graduate? \_\_\_\_\_ GPA: \_\_\_\_\_

SAT Verbal: \_\_\_\_\_ SAT Math: \_\_\_\_\_ Strongest subject: \_\_\_\_\_ Weakest subject: \_\_\_\_\_

**Current Enrollment Information:**

College Status:  Fr.  Soph.  Jr.  Sr.  Transfer \_\_\_\_\_ (# of credits transferring)

**Release:** I certify that to the best of my knowledge, the information I have provided is correct and accurate. I release the following information to the TRIO Student Support Services Staff: high school transcripts, SAT/ACT scores, financial aid notices, and any information from my academic records pertaining to my enrollment in the CMSV TRIO Program.

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Please turn over and complete the questions regarding your interest in TRIO.**

**Short Answer Questions:**

**Why are you interested in joining TRIO?**

**What do you feel will be your biggest challenge in college?**

**What else would you like us to know about you?**

**Of the services that TRIO offers, which do you feel you would most benefit from? (Check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Individual Counseling/Mentoring | <input type="checkbox"/> Leadership Development       |
| <input type="checkbox"/> Tutoring/Writing Help           | <input type="checkbox"/> Educational Workshops        |
| <input type="checkbox"/> Career Exploration              | <input type="checkbox"/> Study Skills/Time Management |
| <input type="checkbox"/> Cultural Development            | <input type="checkbox"/> Other _____                  |

**What type of financial aid are you receiving?**

- |   |   |
|---|---|
| <input type="checkbox"/> None                                 | <input type="checkbox"/> Grants (Pell, TAP, SEOG, etc.) |
| <input type="checkbox"/> Federal Loans (Stafford, PLUS, etc.) | <input type="checkbox"/> Alternative Loans              |
| <input type="checkbox"/> Work Study                           | <input type="checkbox"/> Scholarships _____             |

**How did you hear about the TRIO Program? (Check all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Professor        | <input type="checkbox"/> Another student         |
| <input type="checkbox"/> Printed Material | <input type="checkbox"/> Campus department _____ |
| <input type="checkbox"/> Other _____      |  |

**What are your plans after graduation?**

- |   |  |
|---|--|
| <input type="checkbox"/> Graduate School      | <input type="checkbox"/> Professional School (Medical, Law School) |
| <input type="checkbox"/> Full-time employment | <input type="checkbox"/> Other _____                               |

**Career plans?** \_\_\_\_\_

Do you plan to work during college?  Yes  No      How many hours? \_\_\_\_\_