

Please Type or Print in Blue or Black Ink.

STEP 1

Please answer the following questions about yourself.

What is your **name**?

First Name Middle Initial Last Name

What is your **mailing address**?

Street Address Apt. #

City State Zip Code

What is your **home phone number**?

() -

What is your **cell phone number**?

() -

What is your **work phone number**?

() -

What is your **e-mail address**?

STEP 2

Please answer the following questions about yourself.

What is your **student ID#**?

What is your **social security number**?

- -

What is your **birthdate**?

/ /

What is your **ethnicity**?

(Please check all boxes that describe you.)

- American Indian Alaskan Native Hispanic Black (non-Hispanic)
 Native Hawaiian Asian White Native American Pacific Islander

What is your **gender**?

- Female Male

STEP 3

Please answer the following question about yourself.

Are you a U.S. Citizen?

- Yes No

STEP 4

If you are not a U.S. Citizen, please answer the following questions about yourself. If you are a U.S. Citizen, please skip ahead to STEP 5.

Are you a Permanent Resident?

- Yes No

What is your Permanent Resident Alien Number?

A

STEP 5

Please answer the following questions about your parents and about yourself.

Has your mother received/earned a 4-year college degree?

- Yes No

Has your father received/earned a 4-year college degree?

- Yes No

Which parent did your regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)? (Please check only one box.)

- Mother Both Mother and Father
 Father Neither Mother nor Father

STEP 6

Please answer the following questions about yourself if you are less than 24 years old. Otherwise, skip ahead to STEP 7.

At any time since reaching age 13, were you an orphan, in foster care, or a ward of the court?

- Yes No

Prior to reaching age 18, were you an emancipated minor or did you have a court-appointed legal guardian?

- Yes No

Are you less than 18 years of age and have no parent or guardian?

- Yes No

Are you homeless (i.e., you lack a fixed, regular, and adequate nighttime residence) or are at risk of becoming homeless?

- Yes No

STEP 7

Please answer the following questions about your household.

What is the **total number of persons** (including you) in your family?

What was your **family's taxable (not total) income** from 2012 - 2013?

(Please check only one box. Then provide the requested income information.)

My family's taxable (not total) income from the last calendar year was:

\$,

My family did not file a federal income tax return for the last calendar year. My family's total income from the last calendar year was:

\$,

My family had no taxable income during the last calendar year.

Note: Taxable income can be found on the federal income tax return:
 On IRS Form 1040 (2012), see line 43.
 On IRS Form 1040A (2012), see line 27.
 On IRS Form 1040EZ (2012), see line 6.

STEP 8

Please indicate whether or not you have a documented disability: Yes No

STEP 9

Please indicate your intended major: _____

STEP 10

Please indicate **which services interest you** (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Advising/Counseling (indicate types) | <input type="checkbox"/> Workshops (indicate types) | <input type="checkbox"/> Peer Mentoring |
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Time Management | |
| <input type="checkbox"/> Academic Development | <input type="checkbox"/> Study Skills | |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Financial Literacy | |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Personal Health | |
| <input type="checkbox"/> Subject of interest: _____ | <input type="checkbox"/> Other: _____ | |

STEP 11

Please indicate all **TRiO Programs** in which you have **previously participated**.

- Upward Bound Talent Search McNair Achievement Student Support Services Educational Opportunity Centers

STEP 12

On a separate sheet of paper, **please respond to the following questions**: What are your career goals and aspirations? What do you see as your biggest challenge(s)? How can Student Support Services help you? What you are looking forward to most at UB?

STEP 13

Please read the following statement, sign and date it below. If you, the student, are less than 24 years old, and answered NO to all the questions in STEP 6, your parent or legal guardian must also read, sign and date the statement.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student's official academic records to Student Support Services, understanding that the information in these records will be used only to assess the student's need for program services, discern the student's educational progress, evaluate the effectiveness of program activities, and fulfill program-reporting requirements.

Student's Signature	____ / ____ / 20 Date
Parent or Legal Guardian's Signature	____ / ____ / 20 Date

STEP 14

Please submit the following to Student Support Services:

- (1) Completed application,
- (2) Written answers from Step 12, and
- (3) Tax information requested in Step 7

You may submit application materials via:

- ◇ Fax to: **203-576-4187**
- ◇ Email to: **sss@bridgeport.edu**
- ◇ Mail to: **Student Support Services, Wahlstrom Library, Room 519, University of Bridgeport, 126 Park Avenue, Bridgeport, CT 06604**

FOR OFFICE USE ONLY	The 20__ federal TRiO programs annual low-income level for a family unit with ____ members is: \$ _____, _____	
<input type="checkbox"/> Recommended Approval <input type="checkbox"/> Not Recommended Reason: _____	<input type="checkbox"/> Recommended Approval <input type="checkbox"/> Not Recommended Reason: _____	<input type="checkbox"/> Recommended Approval <input type="checkbox"/> Denied Reason: _____
_____ / / 20 Advisor (Sign and Date)	_____ / / 20 Director (Sign and Date)	_____ / / 20 P.I. or P.I. Designee (Sign and Date)
Date of Application Entry into Database ____ / ____ / ____ Initials of Data Entry Staff _____		
Eligibility: <input type="checkbox"/> LI & FG <input type="checkbox"/> LI ONLY <input type="checkbox"/> FG ONLY <input type="checkbox"/> DI ONLY <input type="checkbox"/> LI & DI		