



Division of Academic Enhancement

TRIO OFFICE USE ONLY

Rec'd by: _____

Date Rec'd: _____

Reviewed by: _____

Eligible: first generation _____

Eligible: low income _____

Eligible: disability _____

The mission of TRIO Student Support Services (SSS) at UGA is to assist participants in gaining valuable life skills, expanding cultural horizons through one-on-one interactions and group activities, and achieving their academic potential by earning a bachelor's degree. TRIO SSS is a federally funded program under the U.S. Department of Education that helps students graduate from college. Program participants must meet certain requirements set forth by the Department of Education regarding family income, family background, and disability status. TRIO SSS wishes to support participants who are motivated to make full use of TRIO services and become successful UGA students.

"Don't believe us, just watch us help you graduate!"

Funded by USDE

Note: This information is strictly confidential and for office use and funding purposes only.

CONTACT and BASIC INFORMATION	
Applicant's Name (First Middle and Last):	
Date of Birth: _____/_____/_____	Social Security Number: _____-_____-_____ (Required by the U.S. Department of Education) UGA 81x number: _____
Current Residence Hall or Local Address:	
City: _____ State: _____	Zip Code: _____
Permanent Address (street or box):	
City: _____ State: _____	Zip Code: _____
Local Phone Number: _____	Mobile Phone Number: _____
UGA Email: _____	Personal/Other Email: _____
Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Permanent Resident	
Ethnic Background: <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hawaiian /Pacific Islander <input type="checkbox"/> Asian More than one ethnic origin (specify) _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
Classification: <input type="checkbox"/> First – year (less than 30 hours) <input type="checkbox"/> Second – year (at least 30 hours) <input type="checkbox"/> Third – year (at least 60 hours)	
How did you hear about UGA TRIO Student Support Services? <input type="checkbox"/> Letter/Email <input type="checkbox"/> Website <input type="checkbox"/> Orientation <input type="checkbox"/> Referred By _____ <input type="checkbox"/> Other _____	
Have you participated in any other TRIO Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select: <input type="checkbox"/> Upward Bound/Upward Bound Math Science <input type="checkbox"/> Educational Talent Search <input type="checkbox"/> Educational Opportunity Centers <input type="checkbox"/> Student Support Services	

ELIGIBILITY CRITERIA

In order to be considered eligible for the TRIO Student Support Services Program, you must meet at least one of the following criteria: <input checked="" type="checkbox"/> Low income (see Family Income Chart) <input checked="" type="checkbox"/> First generation college student <input checked="" type="checkbox"/> Have a medically documented disability <input checked="" type="checkbox"/> Demonstrate an academic need for services	Family Income Chart																																						
	<table border="1"> <thead> <tr> <th>Size of Family</th> <th>Income 48 States</th> <th>Income Alaska</th> <th>Income Hawaii</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$17,655</td><td>\$22,080</td><td>\$20,325</td></tr> <tr><td>2</td><td>\$23,895</td><td>\$29,880</td><td>\$27,495</td></tr> <tr><td>3</td><td>\$30,135</td><td>\$37,680</td><td>\$34,665</td></tr> <tr><td>4</td><td>\$36,375</td><td>\$45,480</td><td>\$40,005</td></tr> <tr><td>5</td><td>\$42,615</td><td>\$53,280</td><td>\$41,835</td></tr> <tr><td>6</td><td>\$48,855</td><td>\$61,080</td><td>\$56,175</td></tr> <tr><td>7</td><td>\$55,095</td><td>\$68,880</td><td>\$63,345</td></tr> <tr><td>8</td><td>\$61,335</td><td>\$76,680</td><td>\$70,515</td></tr> </tbody> </table>	Size of Family	Income 48 States	Income Alaska	Income Hawaii	1	\$17,655	\$22,080	\$20,325	2	\$23,895	\$29,880	\$27,495	3	\$30,135	\$37,680	\$34,665	4	\$36,375	\$45,480	\$40,005	5	\$42,615	\$53,280	\$41,835	6	\$48,855	\$61,080	\$56,175	7	\$55,095	\$68,880	\$63,345	8	\$61,335	\$76,680	\$70,515		
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Did either a parent or legal guardian graduate with a 4-year Bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No																																							
With whom did you reside until your 18 th birthday? <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other _____																																							
Do you have a medically documented physical, mental, or learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No																																							
Is the information filed with UGA Disability Resource Center? <input type="checkbox"/> Yes <input type="checkbox"/> No (Documentation must be provided by an appropriate professional)																																							
Are you considered : <input type="checkbox"/> Independent <input type="checkbox"/> Dependent (A dependent student is under the age of 24, single, with no dependents, and no military service.)																																							
If you are a dependent, please list your parent(s) or guardian(s) name(s): _____	Did your parent(s) file taxes this previous year? <input type="checkbox"/> Yes <input type="checkbox"/> No																																						
Please indicate parent(s)' previous years Taxable Income : (Line 43 on 1040, Line 6 on 1040EZ, or Line 27 on 1040A) \$ _____	How many family members, including you, live in your home? (Brothers, Sisters, Parent(s), etc.) (circle one): 1 2 3 4 5 6 7 8 9 Other #: _____																																						
If you are independent, did you file taxes for last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate your previous year Taxable Income: (Line 43 on 1040, Line 6 on 1040EZ, Line 27 on 1040A) \$ _____																																						
Have you applied for Financial Aid for this academic year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you received your Financial Aid Award notice? <input type="checkbox"/> Yes <input type="checkbox"/> No																																						
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____																																							

NEED for ACADEMIC SUPPORT	
What is your major?	What is/are your career goal(s)?
<p>How can TRIO SSS help you reach your goals? Please check all that apply.</p> <p><input type="checkbox"/> Tutoring in: _____</p> <p><input type="checkbox"/> Personal Counseling/Mentoring</p> <p><input type="checkbox"/> Study Skills I am most interested in: _____ <small>(for example: time management, note taking, test taking, overcoming math anxiety)</small></p> <p><input type="checkbox"/> Academic Advising/Degree Planning</p> <p><input type="checkbox"/> Graduate School Planning and Career Exploration</p> <p><input type="checkbox"/> FAFSA Assistance, Financial Planning, and Budgeting</p>	
What do you think you can learn or gain by being a part of TRIO SSS?	
<p>To complete the SSS application and admission process, the following information must be provided to the SSS office, located in Milledge Hall, room 132A:</p> <ul style="list-style-type: none"> • Tax forms (1040A, 1040 or 1040EZ) for previous year. (If you are under 24 years of age, you must submit your parents tax forms) <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • An official document that verifies your current household income status (i.e. letter stating unemployment, TANF, SSI, etc. benefits) and a copy of your financial aid form (i.e. your FAFSA) that you have submitted to the Federal Education Department that has your income information included. • Disability Documentation must be provided by an appropriate Professional or State Rehabilitation Office. 	

My signature below indicates that all information above is true and accurate. It also authorizes TRIO SSS to (1) communicate with appropriate personnel (e.g., UGA personnel) concerning my educational pursuit and attainment, including grades; (2) use my photo or likeness in publications and other promotional materials; and (3) access my UGA academic and student financial aid records to verify my program eligibility and to assist me academically.

Signature: _____ Date: _____

If you have any questions about the UGA TRIO SSS Program or application process, please feel free to contact us:

UGA TRIO Student Support Services
132A Milledge Hall
Athens, GA 30602

(706) 542-7940 (phone)
(706) 583-8246 (fax)
trioss@uga.edu
www.dae.uga.edu

TRIO OFFICE USE ONLY		
_____ Accepted for UGA SSS Program	_____ Waitlisted	_____ Declined
Reason: _____		
Director Signature: _____		Date: _____
Academic Need:		
Notes:		