

## Applicant Demographic Information

Name (print)		SSN:
<i>Last:</i> _____	<i>First:</i> _____	<i>MI:</i> _____
Mailing Address <i>Street:</i> _____		Student ID #:
<i>City:</i> _____	<i>State:</i> _____	<i>Zip:</i> _____
Birth Date: ____ / ____ / ____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Current e-mail: _____

## Background Information

Are you a U.S. citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes Is English your first language? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you attending college as a PSEO student? <input type="checkbox"/> No <input type="checkbox"/> Yes Have you earned, or when will you earn, your: <input type="checkbox"/> High School Diploma or <input type="checkbox"/> GED ____ / ____ <div style="text-align: center; font-size: small;">month / year</div>	<b>Marital Status:</b> Do any of these apply to you? <input type="checkbox"/> Single <input type="checkbox"/> Homeless Youth <input type="checkbox"/> Married <input type="checkbox"/> In, or aging out of, Foster Care <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <b>Do you have any dependents or children?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many? _____
Do you need financial aid to go to college? <input type="checkbox"/> No <input type="checkbox"/> Yes Have you applied for financial aid yet? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Are you Hispanic or Latino?</b> ( <i>a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race</i> )? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has either of your natural parents, or adoptive parents, <b>completed &amp; earned</b> a 4-year college degree? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Racial background (select one or more):</b> <input type="checkbox"/> <b>American Indian or Alaska Native</b> - <i>A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.</i> <input type="checkbox"/> <b>Asian</b> - <i>A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.</i> <input type="checkbox"/> <b>Black or African American</b> - <i>A person having origins in any of the black racial groups of Africa.</i> <input type="checkbox"/> <b>White</b> - <i>A person having origins in any of the original peoples of Europe, the Middle East or North Africa.</i> <input type="checkbox"/> <b>Native Hawaiian / Other Pacific Islander</b> - <i>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</i>
We request that students with a documented disability present that information to ensure they are prepared to receive services to which they are entitled if they so choose. Would you like more information about disability services? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you participated in a TRIO program like Upward Bound, Talent Search, or Student Support Services? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where? _____	

## Academic and Transfer Plans

What is your academic major and/or career plans: \_\_\_\_\_

What is your academic goal at our institution:

Graduate with a degree and go directly into my career field. I am not considering transferring to a 4-year institution.  
 Graduate with a degree and transfer to a 4-year institution. →  
 Take courses here and then transfer to a 4-year institution. →  
 Take courses here and then transfer to another 2-year institution. →  
 Earn a certificate/diploma: \_\_\_\_\_  
 Classes Only  Undecided or Other (please list): \_\_\_\_\_

→ Name of college you are planning to transfer to, if known:

Have you taken any college courses?  No  Yes – from where? \_\_\_\_\_

Have you earned any college degrees?  No  Yes – what and from where? \_\_\_\_\_

## Applicant Signature

**I certify the information given on this application is true and correct to the best of my knowledge.**

I hereby authorize TRIO Student Support Services to obtain my records or data pertinent to my participation in the program from the college admissions, disability services (if applicable), financial aid, registrar, and the National Student Clearinghouse Student Tracker Service. I also authorize the college or a professional associated with it to access and release data for purposes of my academic success or TRIO project audit or evaluation. Photographs taken during my participation in TRIO activities can be used in TRIO publications. I understand this authorization may be revoked by me at any time through written or verbal communication.

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

**Office Use**

Grant year: (circle one)  
**16 17 18 19 20**

Took Accuplacer

Transfer Credits

Notes:

Rev. 3/27/17

**Low Income Status Verification: Signature below verifies above applicant is low income.**

Student Dependent / Parent Signature: \_\_\_\_\_
Independent / Student Signature: \_\_\_\_\_