

NOTE TO APPLICANTS: The U of M TRiO Student Support Services program is federally funded by a grant from the U.S. Department of Education. The program is designed to serve undergraduate students who meet at least one of the following requirements: 1) income eligibility as determined by federal government guidelines, 2) first generation college student (neither parent/guardian has a 4-year degree), and/or 3) a documented disability (must be registered with the U of M Student Disability Services Office). In addition, applicants must be U.S. citizens or permanent residents and accepted to or enrolled at the U of M. According to federal regulations, the U of M SSS program can serve only 160 students annually, so spaces are limited. It is strongly suggested that applicants submit their completed application prior to the start of the Fall semester.

Student Support Services Participant Application

Please Type or Print in Blue or Black Ink.

Last Name:		First Name:			M.I.:											
Street Address:					Apartment #:											
City:		State:	Zip:	Email:												
Phone Numbers:				Social Security #:												
(H) _____ (W) _____				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;">-</td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;">-</td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> </tr> </table>						-			-			
			-			-										
(C) _____				U-Number:												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px dashed black;">U</td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> </tr> </table>				U												
U																
Ethnicity:		Gender:		Birthdate: ____/____/____												
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> More than one race		<input type="checkbox"/> Female <input type="checkbox"/> Male		Age: _____										
Are you a U.S. Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No														
If you are not a U.S. Citizen, are you a Permanent Resident?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Enter Permanent Resident Alien Number:		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px dashed black;">A</td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> <td style="width: 10%; border: 1px dashed black;"> </td> </tr> </table>	A									
A																
Has your mother received/earned a four-year degree?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Has your father received/earned a four-year degree?												
		<input type="checkbox"/> Yes <input type="checkbox"/> No														
Have you ever participated in another TRiO program? (Check all that apply.)				<input type="checkbox"/> Upward Bound <input type="checkbox"/> Talent Search <input type="checkbox"/> SSS <input type="checkbox"/> McNair Scholars <input type="checkbox"/> EOC												
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		How many hours do you work per week?												
Did you graduate from high school?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Did you receive a GED?												
		<input type="checkbox"/> Yes <input type="checkbox"/> No														
What High School did you graduate from?																
When did you graduate or receive your GED? ____/____/____ High School GPA: _____																
ACT Scores (highest only)- Composite: _____ Math: _____ Reading: _____ English: _____																
SAT Scores (highest only)- Composite: _____ Math: _____ Verbal: _____																
Previous College(s) Attended:																
When did you begin coursework at the University of Memphis? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____																
When do you expect to graduate? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____																
What is your current classification? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior																
What is your current GPA? _____ Enrollment Status? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours Enrolled _____																
What is your major? _____ Minor? _____																
Are you registered with Student Disability Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure																
Do you plan to register with Student Disability Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure																

- If you are 24 years old or older, ignore the questions below and skip to the next section.
- If you are less than 24 years old, answer the questions below and then go to the next section.

Are you married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have children who receive more than half of their support from you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are both of your parents deceased, or are you (or were you until age 18) a ward/dependent of the court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently serving on active duty in the U.S. Armed Forces for other than training purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you are at least 24 years old or you answered YES to any of the questions above, **you** must answer the questions below.
- If you are less than 24 years old and answered NO to all of the questions above, **your parent(s)** must answer the questions below.

What is the total number of persons in your family?

Please select one of the following boxes:

My family's **taxable (not total)** income from the last calendar year was:
 \$, .

(Note: Your taxable income can be found on the federal income tax return you filed last calendar year. On IRS Form 1040, see line 42. On IRS Form 1040A, see line 27. On IRS Form 1040EZ, see line 6. On IRS Telefile, see line K1.)

I attest that my family did not file a federal income tax return for the last calendar year. My family's income was:
 \$, .

I attest that my family had no taxable income for the last calendar year.

I certify that the information entered here in this section is true and correct to the best of my knowledge.

 Parent/Guardian Signature

 Date

***** Parent/Guardian Signature is required if applicant is less than 24 years old and answered **NO** to all the questions above. Otherwise, only the student's signature is required below.**

Release and Certification
 (Students should read and initial each line below)

_____ I authorize Student Support Services staff to access any records required in assisting me including, but not limited to:

- Office of Student Disability Services
- Registrar's Office/Student Records
- Office of Academic Status and Retention Services
- Office of Student Financial Aid
- Faculty members regarding academic progress

_____ I understand that I may be required to provide income verification with last year's income tax return or alternate proof of income.

_____ I understand that if I enroll in any phase of the Students Support Services Program, I agree to participate in activities (workshops, counseling sessions, tutoring, cultural programming, etc.) designed to help me achieve my academic goals and to promote personal growth.

_____ I certify that the information included on this application is true and correct to the best of my knowledge.

 Student Signature

 Date

RETURN COMPLETED APPLICATIONS TO:

TRiO Student Support Services • 405 Mitchell Hall • The University of Memphis • Memphis, TN 38152
 For more information contact us at: (901) 678-2351 • Fax: (901) 678-0382 OR, visit us online at: <http://www.memphis.edu/trio/>