



COLORADO STATE UNIVERSITY - PUEBLO
SSS APPLICATION
2020-2021

PART 1: PERSONAL DATA (Please Print)			
APPLICANT: LAST NAME	FIRST NAME	MI	DATE: ____/____/____
STUDENT PID#	SS# XXX - XX - _____	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>	BIRTH DATE: ____/____/____
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
LOCAL ADDRESS (If living in the Residence hall, please put address, building and room #)	CITY	STATE	ZIP CODE
HOME PHONE: () ()	WORK PHONE: () ()	CELL PHONE: () ()	
EMAIL ADDRESS:	CAN WE SEND YOU TEXT MESSAGES? Y <input type="checkbox"/> N <input type="checkbox"/>		
IN CASE OF EMERGENCY, CONTACT:	TELEPHONE: () ()	RELATIONSHIP:	
PART 2: CITIZENSHIP/RACE INFORMATION			
ARE YOU A U.S. CITIZEN? Y <input type="checkbox"/> N <input type="checkbox"/>	ETHNICITY: HISPANIC/LATINO Y <input type="checkbox"/> N <input type="checkbox"/>		
ARE YOU AN ELIGIBLE NON-CITIZEN? Y <input type="checkbox"/> N <input type="checkbox"/> REGISTRATION NUMBER: _____	SELECT A RACE: *** (IF MORE THAN ONE RACE, CHECK ALL THAT APPLY) <input type="checkbox"/> CAUCASIAN/WHITE <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> AFRICAN-AMERICAN/BLACK <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN		
PART 3: MARITAL STATUS			
SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/>			
PART 4: EDUCATION INFORMATION			
ARE YOU A FIRST-TIME IN COLLEGE, 1 ST YEAR STUDENT? ___ YES ___ NO			
ARE YOU A STUDENT ATHLETE? ___ YES ___ NO			
HAVE YOU ATTENDED COLLEGE OTHER THAN CSU-PUEBLO? ___ YES ___ NO IF SO, WHERE? _____			
IF YES, HOW MANY CREDITS ARE YOU TRANSFERRING TO CSU-PUEBLO? _____			
DO YOU PLAN TO ATTEND COLLEGE: ___ FULL-TIME ___ THREE-QUARTER TIME ___ HALF-TIME ___ LESS THAN HALF-TIME			
TARGET COMPLETION DATE AT CSU-PUEBLO? _____			
DO YOUR GOALS INCLUDE TRANSFER TO ANOTHER 4-YEAR COLLEGE? ___ YES ___ NO			
DO YOU PLAN TO CONTINUE ON TO GRADUATE SCHOOL? ___ YES ___ NO			
WHO IS YOUR ACADEMIC ADVISOR? _____			
ACADEMIC MAJOR: _____ MINOR: _____			
PART 5: PROJECT INFORMATION			
ARE YOU A: ___ FRESHMEN ___ SOPHOMORE ___ JUNIOR ___ SENIOR			
HOW DID YOU LEARN ABOUT THE SSS PROJECT? _____			
HAVE YOU EVER BEEN A TRIO PROJECT PARTICIPANT? (If yes, please check and list institution): ___ UPWARD BOUND ___ STUDENT SUPPORT SERVICES ___ TALENT SEARCH ___ EDUCATIONAL OPPORTUNITY CENTER ___ VUB INSTITUTION: _____			
ARE YOU A VETERAN OF THE U.S. ARMED FORCES? ___ YES ___ NO			
FINANCIAL AID: ___ YES ___ NO (If yes, please provide a copy of Financial Aid Award Letter)			

PART 6: INCOME VERIFICATION (All applicants must complete this section) Provide information for the most recent tax year, **2019**

VERIFICATION REQUIREMENTS FOR TRIO SSS VARY DEPENDING ON WHETHER STUDENTS ARE **INDEPENDENT** OR **DEPENDENT**. A LIST OF FEDERAL CRITERIA FOR INDEPENDENT STUDENT STATUS IS AVAILABLE AT WWW.FAFSA.ED.GOV

PART A: INDEPENDENT STUDENT (TYPICALLY AGE 24 OR OLDER, MARRIED OR EMANCIPATED; PARENTAL INCOME IS **NOT REPORTED** ON THE FAFSA); COMPLETE AND SIGN **PART A**.

INDEPENDENT STUDENT:

TOTAL NUMBER OF EXEMPTIONS (Size of family unit):
_____ (Tax return)

*TAXABLE OR TOTAL INCOME: \$ _____

Student Signature (Independent) _____ Date

*Form 1040 line 10. If taxes were filed, please report total income from all sources

PART B: PARENT/GUARDIAN (DEPENDENT STUDENT ONLY) DEPENDENT STUDENT (YOUNGER THAN 24, UNMARRIED OR NOT EMANCIPATED; PARENTAL INCOME **IS REPORTED** ON THE FAFSA); PARENT/GUARDIANS MUST COMPLETE AND SIGN **PART B**.

DEPENDENT STUDENT:

TOTAL NUMBER OF EXEMPTIONS (Size of family unit):
_____ (Tax return)

*TAXABLE OR TOTAL INCOME: \$ _____

Parent/Guardian Name (please print)

Parent/Guardian Signature _____ Date

*Form 1040 line 10. If taxes were filed, please report total income from all sources

PART 7: FIRST GENERATION VERIFICATION

DID YOUR MOTHER EARN A 4-YEAR DEGREE? Y N

DID YOUR FATHER EARN A 4-YEAR DEGREE? Y N

PART 8: DISABILITIES VERIFICATION

DO YOU HAVE ANY DOCUMENTED DISABILITIES? Y N

IF YES, IS THE DISABILITY DOCUMENTED ON FILE WITH THE DISABILITY RESOURCE SUPPORT CENTER (DRSC)? Y N

PART 9: SERVICES (Which of the following services are you interested in receiving?)

- COURSE PLANNING TUTORING FINANCIAL AID ADVISEMENT ACADEMIC COUNSELING SCHOLARSHIP HELP
 SELECTIGN MAJOR/MINOR PERSONAL COUNSELING CAREER COUNSELING OTHER: _____

PART 10: RELEASE OF INFORMATION

- I understand that if I am a first time freshmen and enrolled in the TRIO – SSS Program, I am required to take **8** workshops for the academic year. If I am a transfer or continuing student and enrolled in the TRIO – SSS Program, I am required to take **2** workshops for the academic year. Workshops are taught by TRIO – Student Support Services Staff.
- I understand that I will be an active participant in all my appointments made by TRIO – SSS Project. I understand that if I fail to perform according to the project's requirements, I may be dropped from the program.

I authorize the TRIO Student Support Services Program staff to:

- Gather information concerning all my academic progress (standardized test scores, grade point average, earned credit, transcripts, tutoring, grade checks, etc.) and financial aid reports including Federal tax, FAFSA, and verification income prior to my participation in the program.
- Report my eligibility, GPA, and financial aid status to the U.S. Department of Education in accordance with the grant funding regulations.
- Use my name, photo, or information about me in all college media sources and on the TRIO Facebook page.

The information provided on this form is, to the best of my knowledge, accurate and true. Please provide signature.

Student: _____

Date: _____

SSS TRIO Staff: _____

Date: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION WHEN YOU BRING IN YOUR APPLICATION

1. SIGNED 2019 FEDERAL INCOME TAXES/OR PROOF OF INCOME/OR FIXED INCOME STATEMENT (If you did not fill out Part 6)
2. COPY OF FINANCIAL AID AWARD LETTER
3. UNOFFICIAL TRANSCRIPT (If transfer student)
4. TRIO REFERRAL FORM (If applicable)
5. DISABILITY VERIFICATION LETTER FROM DRSC (If applicable)
6. DOCUMENTATION OF CITIZENSHIP (If applicable)