

## TRIO STUDENT SUPPORT SERVICES (S3) PROGRAM APPLICATION

Please complete the shaded areas and submit this form to the TRIO S3 office- thereafter TRIO S3 staff will evaluate your application for eligibility and need. You will be notified once a decision has been made regarding your program application.

Full Name:

Maiden Name:

Student ID:

Birth Date:  /  /

Mailing Address:

*Street Address                      City                      State                      Zip*

Home Phone:  Other Number:

HU Email Address:  Gender:  Male  Female

Marital Status:  Single  Married  Separated  Divorced  Widowed  Other

Are you a single parent?  Yes  No

Ethnic Group:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asian              | <input type="checkbox"/> American Indian or Alaska Native    | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White                     |
| <input type="checkbox"/> Other              | <input type="checkbox"/> More than one race                  |  |

Race:

- |                                |  |  |
|--------------------------------|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native    | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Pacific Islander |  |

### PROGRAM ELIGIBILITY

#### Citizenship:

Are you a United States Citizen?  Yes  No

*If not a United States Citizen, are you a permanent resident?*  
*(If accepted, we will need a copy of your permanent resident card.)*  Yes  No

Are you a United States Veteran?  Yes  No

#### First Generation:

Does either parent/guardian have a bachelor's degree (4-year degree)?  Yes  No

#### Low Income Verification:

Number of people living in household:

Taxable Income Last Year:  (Figure can be found on Tax Form 1040 – line 42, or Tax Form 1040A – line 27)

**CONTINUE TO NEXT PAGE** 

**Disability:**

Do you have a documented disability?  Yes  No

If yes, have you self-identified with Student Affairs Office of Ability Services?  Yes  No

If you have not self-identified with the Student Affairs Department, would you be willing to provide documentation to the Dean of Students?  Yes  No

**EDUCATIONAL INFORMATION & ENROLLMENT STATUS**

Currently Enrolled?  Yes  No      Number of Credits Currently Taking: \_\_\_\_\_

Planning to enroll next term?  Yes  No       Full Time  Part Time

What are you currently majoring in? \_\_\_\_\_

Which Heritage University degree or certificate are you planning to pursue?

**Please circle one**

Associate of Arts      Bachelor of Arts      Bachelor in Education      Bachelor of Social Work

Bachelor of Science      Certificate      Licensed Practical Nurse      Other: \_\_\_\_\_

Do you intend on obtaining a bachelor's degree from Heritage University?  Yes  No

What semester and calendar year do you plan to graduate? Semester \_\_\_\_\_ Year \_\_\_\_\_  
(S3 TRiO students are required to graduate within 6 years of enrolling at institution.)

**EDUCATION HISTORY**

	Diploma/Degree <i>or</i> Certificate Earned <b>Please check box below</b>	Year Received <i>or</i> Year Attended	Name & Location of Institution
<input type="checkbox"/> High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> GED <small>(Please Check One)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Vocational Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
College	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

**APPLICATION AGREEMENT**

Please check this box if you do not want your name used in any Heritage University, local, statewide, or national publications. Any references made would only be positive in nature.

The information provided within this application is to best of my knowledge. I understand that all information I share with TRiO S3 staff will be kept strictly confidential. I also understand that information from other offices including but not limited to; Financial Aid, Registrar and the Disabilities Department at Heritage University may be requested to complete my TRiO S3 participant file. Completion of this application does not guarantee acceptance into the program.

\_\_\_\_\_  
Student Signature