



Student Support Services Application Form



Please make sure that the application is complete and that all signature lines are signed. Use the checklist at the end of the application to ensure that all requested documentation has been attached. **(Please print clearly and use black or blue ink)**

A. PERSONAL INFORMATION

Name: _____ CSUSM Student ID: _____
Last First MI

Address: _____ Cell Phone # _____
Street Apt. Area code

_____ Other Phone #: _____
City State Zip Area code

Email address: _____ Birth Date: _____ Gender: Male Female

Major: _____ Ethnicity (Please Check one) Hispanic Yes No

Race: (Check all that apply): American Indian or Alaskan Native Asian Black or African American White
 Native Hawaiian or other Pacific Islander

Class level at time of planned enrollment: Freshman Sophomore Junior Senior

Did you transfer from a community college or another university? Yes ___ No ___

Name of college/university _____

Have you applied or been accepted to (Check all that apply): CSUSM SSS EOP CAMP ACE PASO

B. CITIZENSHIP STATUS

U.S. Citizen Permanent Resident **(copy required):** A _____ Other _____
Student Support Services is a federally funded program which requires all eligible participants to be eligible for Federal Financial Aid (i.e., U.S. Citizens, legal permanent residents, etc)

C. ACADEMIC NEED

One of the criteria for admission into SSS is that participants demonstrate some type of academic need. We will consider your GPA, admissions and placement exam scores (SAT, ACT, Written Communication & Mathematics), as well as other factors. Please answer all of the following questions to assist us in determining your academic needs. Note that there is no right or wrong answer. Your honesty is important in providing you with the best possible services.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is it difficult for you to take notes in classes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a hard time understanding what you read? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is preparing for and/or studying for tests a challenge? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is it difficult for you to remember / memorize information? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you feel that your writing skills could use improvement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is mathematics a difficult subject for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Could your computer skills be improved? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you feel confident in setting academic and personal goals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is it difficult for you to manage your time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you feel anxiety when taking tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you frequently feel stressed when in a school environment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you feel that your native spoken language may interfere with
your ability to succeed in a university environment? | <input type="checkbox"/> | <input type="checkbox"/> |

		<u>For Office Use Only</u>			
Eligibility:	<input type="checkbox"/> FG/LI <input type="checkbox"/> FG/DS <input type="checkbox"/> LI <input type="checkbox"/> DS <input type="checkbox"/> FG			GPA:	_____
Application Status:	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> WAITLISTED <input type="checkbox"/> NOT ACCEPTED			Date:	_____



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D. FIRST GENERATION VERIFICATION

Highest educational level or grade your father and your mother completed: *(Circle one for each parent)*

Father	Elementary School (K-8)	High School	College (less than four years)	College (Bachelor's degree or higher)	Unknown
Mother	Elementary School (K-8)	High School	College (less than four years)	College (Bachelor's degree or higher)	Unknown

E. LOW INCOME VERIFICATION Student Dependent / Independent Status

- | | Yes | No |
|--|--------------------------|--------------------------|
| ➤ Were you born before January 1, 1996? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Are you a veteran of the US Armed Forces? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Are you married? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Are you, or prior to age 18, were you a ward of the court or an orphan? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Do you have legal dependents (other than a spouse) who receive more than half of their support from you? | <input type="checkbox"/> | <input type="checkbox"/> |

★If you checked "YES" to one or more of the boxes above, provide the following information for an **Independent Student** in Section A.
 ★If you checked "No" to ALL of the boxes above, provide the following information for a **Dependent Student** in Section B.

Section A.

Independent Student :

- Number of people in your household (including yourself): _____
- Your actual or estimated **Taxable Income** from most recently filed tax form (Found on IRS Form: 1040 line 10)
Check one of the boxes below.
(Copy of your taxes is required; First two pages only):

Section B.

Dependent Student:

- Number of people in your household (including yourself): _____
- Your actual or estimated **Taxable Income** from most recently filed tax form (Found on IRS Form: 1040 line 10)
Check one of the boxes below.
(copy of your parent's taxes is required; First two pages only):

Check only one:

- Below \$18, 735
- \$18,735 - \$25,365
- \$25,365 - \$31,995
- \$31,995 - \$38,625
- \$38,625 - \$45,255
- \$45,255 - \$51,885
- \$51,885 - \$58,515
- \$58,515 - \$65,145
- \$65,145 and above

Student Signature

Date

Check only one:

- Below \$18, 735
- \$18,735 - \$25,365
- \$25,365 - \$31,995
- \$31,995 - \$38,625
- \$38,625 - \$45,255
- \$45,255 - \$51,885
- \$51,885 - \$58,515
- \$58,515 - \$65,145
- \$65,145 and above

Parent Signature

Date

F. DISABILITY VERIFICATION

Having a disability, as defined under federal law, is one of the criteria that may make a student eligible to receive SSS program services.

Do you believe you may be eligible for the SSS Program by virtue of disability? Yes No

If so, have you documented your disability with the CSU San Marcos Disabled Student Services Office? Yes No



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G. PROGRAM INTEREST QUESTIONS

1. How can the TRIO SSS program best support your educational goals? *(Select your top five)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Personal counseling | <input type="checkbox"/> Skill development workshops | <input type="checkbox"/> Academic counseling |
| <input type="checkbox"/> Financial and economic literacy | <input type="checkbox"/> Career counseling/planning | <input type="checkbox"/> Tutoring/Coaching |
| <input type="checkbox"/> Scholarship application assistance | <input type="checkbox"/> Educational and cultural activities | <input type="checkbox"/> Financial Aid counseling |
| <input type="checkbox"/> Graduation requirements | <input type="checkbox"/> Graduate school requirements | <input type="checkbox"/> Setting future goals |
| <input type="checkbox"/> Internships | <input type="checkbox"/> FAFSA assistance | <input type="checkbox"/> Major requirements |
| <input type="checkbox"/> Campus connections | <input type="checkbox"/> Raise my GPA | <input type="checkbox"/> |

Other _____

2. What are your academic and career goals?

3. Is there anything else that should be taken into consideration in evaluating your application to the TRIO Student Support Services Program?

4. If you were previously a member of another TRIO program, please indicate the name of the program as well as where and when you participated in this program.



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H. RELEASE OF INFORMATION WAIVER

I, _____, authorize Student Support Services (SSS) to gather information concerning my academic progress (standardized test scores, grade point average, earned credits, transcripts, etc.) and financial aid information prior to my participation and throughout my involvement in SSS. I understand that this information is used to assist in the determination of my eligibility for SSS and it will be strictly confidential. I am aware that my eligibility, participation, and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported and I authorize the SSS Program to verify eligibility requirements with other departments on campus, such as the Financial Aid Office or Disabled Student Services. I am aware that the personal information that is provided to the Student Support Services program will be protected under the Family Education Rights Privacy Act of 1974. No one will have access to the information unless they work with or for the SSS Program, or are specifically authorized by me to see the information. I also agree to allow my name and/or picture to be printed in any SSS newsletter, publication or display in recognition of academic success, leadership, or graduation, including their website.

My signature certifies that I am eighteen years old or older and that I have read and understood this release of information waiver.

Student Name (Printed)

Student Signature

Date

If under eighteen years of age, parental signature is required.

Parent/Guardian Signature: _____ Date: _____



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APPLICATION CHECKLIST

Only complete applications will be reviewed.

Completed			
Have you completed all sections of the application and signed the final section of the form? (Please use black or blue ink only)	Yes	No	Make sure ALL areas of the application are completed in black or blue ink ; personal information, parents signature (If Needed).
Provided a copy of your Permanent Resident Card	Yes	No	A copy of your Permanent Resident Card (green card) if you are not a United States Citizen.
Financial Information (One of the following)			
1. Dependent Student	Yes	No	
Provided a copy of your parents' federal tax return (if they claimed you as a dependent) – <i>First two pages only.</i>	Yes	No	For proof of income.
2. Independent Student	Yes	No	
Provided a copy of your federal tax return (if your parents did not claim you) – <i>First two pages only.</i>	Yes	No	For proof of income.
Have you signed all signature lines?	Yes	No	

Please return **completed** applications to Craven Hall 4100 or fax to 760-750-3169:

CSU San Marcos
TRIO Student Support Services
333 S. Twin Oaks Valley RD
San Marcos, CA 92026