For students to participate requirements must be   Family income me	met, based on the eets published fed	e legislative requ eral guidelines (l	ervices, one or more irements of the U.S. low income),		_	First School Enrollment Date	Date of Birth
<ul><li>□ Neither parent ear</li><li>□ Referral by the St</li></ul>	•	0 0 1	rst generation, and (disabled).			Enrol	
Additionally, the studen from the services. It is penrollment.				-		lment Date	
Download application Responses on	to type in blank bo application may no	xes/spaces and ans ot accurately repre	swer all questions to the sent current circumsta	ne best of your nces or situation	knowledge.		Ger
TRiO Student S	upport Serv	ices (SSS)		Applicat	ion Form	1	Gender 1
Name:						Aca	2 3
First		Middle	Last		Preferred	ıdemı	Rac
Permanent Mailing Add	dress:	Street Address	A	pt. Number		Academic Need	Race/Ethnicity
				F		<u></u>	nicity
		City	State	Zip Code		2	ν _ (
APSU Box:	APSU E-mai	l:	Telephone	e:		For (	2 3
Banner ID (A) Number	:	Other	Telephone:			Office	0 0
SSN:	Date of Birth:	MM/DD/CCYY	Gender: Male (1)	Female (2)	Non-binary (3)	6 / 8 9 10 11 12 For Office Use Only	6 0 I
Ethnic Background: Dan addition, select one			nic/Latino (4)? Yes	No		1 2	==
American Indian/ Ala Hawaiian/Pacific Islan	\ <i>/</i>	sian (2) Black	/African American (3)	White (5)		14 15	ility 1 2
Eligibility Criteria: F documentation for enr	0 1	•	_		iires specific		1.5
A. Citizenship Status			Yes	No		College Grade Level/Elliny to Floject	5 H
Are you a U.S. citiz  B. First-Generation St	•			NO			Project Entry Date
Mother has a 4-yea	_		Yes	No		C4	t Ent
Father has a 4-year			Yes	No		EI/EI	ry Da
C. Income Status						Пу	ite
Do your parents cla	aim you as a depen	dent?	Yes	No		.0	ק   הקים   ה
(If yes, then family inc by the parents).	ome is based on pa	arental income ar	nd supporting docume	entation must	be provided	-	-
What is your marita	al status?		Single	Married	I	۷ ،	<u> </u>
(If married, then family provided by both).	y income is based	on you and your	spouse and supportin	g documentat	ion must be	0 0	n

Yes

No

Did you file federal income taxes in the past calendar year?

	r r		0		
	SS/SSI Benefits AFDC/A	ADC from Department of	Human Services VA Bo	enefits	
	Workmen's Compensation	Proof of Child Support	Unemployment Benefits	Other	
D.	Disability Status				
	Are you registered with the Office	e of Disability?	Yes	No	
	Do you plan to register with the C	Office of Disability Serv	vices? Yes	No	
E.	Have you previously earned a Bac	chelor's Degree?	Yes	No	
	Have you ever attended college?		Yes	No	
	If yes, where and when?		(From)	(To)	
F.	Do you plan to earn a Bachelor's	Degree from APSU?	Yes	im/ccyy) No	(MM/CCYY
	Have you applied for financial ai	d?	Yes	No	
	Have you been offered financial	aid?	Yes	No	

(If NO, then please provide income verification from one of the following Government sources:

Please attach a copy of your financial aid award history. TRiO Student Support Services is required to verify through Student Financial Aid Office (SFAO) the amount of financial aid needed, the amount of financial aid offered, the amount of unmet need, the amount of grant aid offered, and the reason full financial aid not awarded.

## **CERTIFICATION STATEMENT**

I certify that all information on this application, including supporting financial and family documentation, is true and correct to the best of my knowledge. I give permission to release my grades, financial aid/tax information, and SSN to TRiO SSS. In addition, I give permission to release my name and/or picture to provide recognition in newsletters, web pages and/or other pub-lications. By signing this application, I understand that this will be an active contract, as long as I meet the requirements for the program. An email will be sent with the covered contract of what services are expected from both parties.

I understand that the above information will be used for statistical purposes in the Annual Performance Report required by the U.S. Department of Education.

Student Signature	(MM-DD-CCYY)  Date		
(MM-DD-CCYY)  Date Accepted/Date of Contract	Signature of Director		

Austin Peay State University affirms that it does not discriminate based on race, color, religion, national origin, sex, sexual orientation, age, disability or veteran status in the educational programs or activities which it operates, or in admission to or employment in such programs or activities, as set forth in Title VI and VII, Title IX, section 504, and ADA. Also see University Affirmative Action Philosophy in Student Handbook and Planner.

## **Financial Aid Consent**

I give permission to TRiO Student Support Services of Austin Peay State University to work with th				
Student Financial Aid Office of Austin Peay State University to secure the necessary data, if needed,				
to complete my TRiO Student Support Services application.				
Signature Date				
Please initial which form of income verification you would like to provide to complete the TRiO Student Support Services application.				