

TRIO OFFICE USE ONLY

Rec’d by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Rec’d:\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_

Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Eligible: first generation

\_\_ Eligible: low income

\_\_ Eligible: disability

The mission of Student Support Services (SSS) at CMU is to assist participants in achieving their academic potential, gaining valuable life skills and expand cultural horizons through one-on-one interactions and group activities with the obtaining of a Bachelor’s degree. TRIO SSS is a federally funded program under the U.S. Department of Education that aids students in graduating from college. Program participants must meet certain requirements set forth by the Department of Education. TRIO SSS wants program participants who are motivated to make full use of TRIO services and become successful CMU students.

*-The United States Department of Education funds Colorado Mesa University's (CMU) TRIO SSS STEM 99% at $1,309,440. Non federal funding from CMU, at 1% at $3,300.*

*-The United States Department of Education funds Colorado Mesa University's (CMU) TRIO SSS Regular 99% at $1,309,440. Non federal funding from CMU, at 1% at $3,300.*

**Please complete this application in blue or black ink.**

**Contact and Basic Information**

**Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CMU ID # (700#) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Legal Name:** Last: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_** First: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Middle Initial: **\_\_\_\_\_\_\_**

**What do you wish to be called? (If different from legal name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CMU E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Method of Contact: \_\_\_\_** Home phone \_\_\_\_ Cell phone **\_\_\_\_** Work phone \_\_\_\_ CMU Email \_\_\_\_ Personal Email

**Marital Status:** \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widowed

**Do you have children?** \_\_\_\_ Yes \_\_\_\_ No **If so, how many? \_\_\_\_\_\_\_\_**

**Race: \_\_\_\_** American Indian/Alaska Native \_\_\_\_ Asian \_\_\_\_ Black or African American

\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_White

Are you of Latino or Hispanic decent? \_\_\_\_ Yes \_\_\_\_ No

**In case of emergency:**

**Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*How did you hear about the TRIO-SSS program?***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Eligibility**

**Please mark all that apply:**

\_\_\_\_\_ Military Veteran \_\_\_\_\_ Previous Foster Youth \_\_\_\_\_ Current Foster Youth

 \_\_\_\_ Homeless \_\_\_\_\_ English is a second language (ESL)

Are you an individual with a disability that fits the definition below?

ADA Amendments Act of 2008 defines this as a person whom:

1. Has a physical or mental impairment that substantially limits one or more major life activities which also include learning, reading, concentrating, thinking, communicating, etc., and
2. Has a record of such an impairment, or
3. Is regarded as having such an “impairment”

Do you have a Documented Disability that fits the above criteria? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please mark one of the following:**

\_\_\_\_ U.S. Citizen \_\_\_\_ Permanent Resident \_\_\_\_ Alien Registration #:\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_

**First Generation**

1. Did either a parent or legal guardian graduate with a 4-year Bachelor’s degree? \_\_\_\_ Yes \_\_\_\_ No

**If yes**, did the parent or legal guardian that you primarily resided with until you were 18 years of age graduate with a 4-year Bachelor’s degree? \_\_\_\_Yes \_\_\_\_No

**Educational History**

**Did you receive your high school diploma?** \_\_\_\_ Yes \_\_\_\_ No If not, have you earned your GED? \_\_\_\_Yes \_\_\_\_No

**Year of high school graduation/GED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cumulative high school GPA: \_\_\_\_\_\_\_\_\_ ACT Score: \_\_\_\_\_\_\_\_\_\_\_ SAT Score: \_\_\_\_\_\_\_\_\_\_**

**Which degree program are you enrolled in at CMU? \***

\_\_\_\_\_ GOALS \_\_\_\_\_ Associates (2 Year) \_\_\_\_\_ Compass Program \_\_\_\_\_ Baccalaureate (4 Year)

\_\_\_\_\_ Graduate Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***This information can be found in Degree Works. If you’re uncertain which degree program you are enrolled in or it is not the program you applied for, please consult the academic advising department for clarification.

* **How many semesters have you completed at CMU: \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **What is your current/desired major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **How many credits are you registered for currently:\_\_\_\_\_\_\_\_\_\_\_\_**

**Independent or Dependent Status**

**Please mark the appropriate response**:

\_\_\_\_ **I am an independent.** (1) I am married **or** (2) am over the age of 24 **or** (3) have served in the military **or** (4) I have a child **or** (5) I was in Foster Care at the age of 13 or older.

\_\_\_\_ \*\***I am a dependent.** (1) I am not a parent, **and** (2) I am not married, **and** (3) I am under the age of 24, **and** (4) I have not served in the military (Your parents must fill in and sign the financial portion of the application).

**Financial Information**

* **Are you currently receiving Financial Aid through Colorado Mesa University?** \_\_\_\_ Yes \_\_\_\_No
* **Have you completed FASFA for the current school year?** \_\_\_\_ Yes \_\_\_\_ No
* **Number of people (yourself included) residing in your household?** \_\_\_\_\_\_\_\_\_\_\_

**Please circle your family’s 2021 (household) Taxable Income range below:**

*[Note: taxable income can be found on the federal income tax return: IRS Form 1040, see line 43; on IRS Form 1040A, see line 27; on IRS Form 1040 EZ, see line 6.]*

 *$0.00 – 21,870 $21,871 – 29,580 $29,581 – 37,290 $37,291- 45,000*

 *$45,001 – 52,710 $52,711 – 60,420 $60,421 – 68,130 $68,131 -75,840 $75,841 +*

*By signing this application, I attest that all the information, including federal income tax amount, is true and for the most current years taxes. Moreover, I authorize the release of the student’s academic records to TRIO-SSS, understanding that the information on these records will be used only to assess the student’s need for the program, services, discern the student’s educational process, evaluate the effectiveness of program activities, and fulfill program reporting requirements.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student’s Signature** **Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*Parent’s/Legal Guardian’s Signature Date (Required if student is dependent - under 24 yrs, is not married, does not have children, and did not serve in the military.)**

If you have any questions about the TRIO-SSS program or application process, please feel free to contact us:

MAIL: Colorado Mesa University TRIO-SSS Contact: Rose Kretschman @ 970.248.1322

Attn: TRIO-SSS/TRIO STEM rkretschman@coloradomesa.edu

 1100 North Avenue TRIO STEM Contact: Patrick Brooks @ 970.248.1986

Grand Junction, CO 81501 pbrooks@coloradomesa.edu

**TRIO OFFICE USE ONLY**

 [ ]  Accepted [ ]  Waitlisted [ ]  Declined Reason: Type Here

Director Signature: Type Here Date: Type Here

Academic Need:

[ ]  B [ ]  A-R [ ]  A [ ]  Compass

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