



PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____ Social Security #: _____ Falcon ID: W _____

Dorm/Local Address: _____ City: _____ State: _____ Zip Code: _____

Cell or Local: (____) _____ E-Mail: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Gender: Male
 Female

Residency: US Citizen
 Permanent Resident
 Resident Alien # _____

Ethnicity: Check all that apply:
 Black or African American
 Asian
 Hispanic or Latino
 Caucasian
 Native American or Alaska Native
 Native Hawaiian or other Pacific Islander

Veteran: Yes No
 Reservist/National Guard

Marital Status:
 Single Married Divorced

ACADEMIC INFORMATION

Have you ever been a TRIO participant? YES Location: _____ NO

If yes, please indicate which program below:

- Educational Opportunity
- Student Support Services
- Upward Bound
- Talent Search
- Other: _____

Major/Academic Interest: _____

What is your long term educational goal? Bachelor's degree Graduate Degree Doctorate Degree

What is your class standing? 0-29 credits [FRESHMAN] 30-59 credits [SOPHOMORE] 60-89 credits [JUNIOR]

How did you learn about the Student Support Services Trio Program? _____

TRIO is funded and in partnership with the United States Department of Education. Yearly grant award \$278,292

PLEASE CONTINUE TO NEXT PAGE...

ELIGIBILITY CRITERIA

The following information is used to determine eligibility for SSS.
Failure to complete the following information may significantly delay review of your application.

ALL SECTIONS MUST BE COMPLETED AND SIGNED.

INCOME STATUS

What was your **Family's Household Taxable Income** for the year 2010? _____
(Line 6 on 1040EZ / Line 27 on 1040A / Line 43 on 1040)

Household Taxable Income is household income after deductions are taken.

Number of people in household _____

Do you reside with your Mother Father Both Other _____

Do you have children? Yes No

Are you receiving financial aid? Yes No

Check all that apply: Pell Grant Work-study Scholarships Loan Other _____

All of the information provided under Income Status is true to the best of my knowledge.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

FIRST GENERATION STATUS

Highest educational level or grade level completed by your parents: (Check one for each)

	Mother	Father	OR	Guardian
Did not complete High School	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
High School or GED	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2-year degree	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Some college	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Bachelor degree or higher	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

All of the information provided under First Generation Status is true to the best of my knowledge.

Student Signature _____ **Date** _____

DISABILITY STATUS

Do you have a disability? Yes No

Explain: _____

Your Disability **must** be verified with the UW-River Falls Disability Services Office in 105 Davee Library.

If yes, have you provided documentation to UW-RF Disability Services Office? Yes No

Disability Services Office Signature: _____ **Date:** _____

All of the information provided under Disability Status is true to the best of my knowledge.

Student Signature _____ **Date** _____

TELL US ABOUT YOU!

Individual Needs Assessment Check all that apply to you:

Academics	Major/Career	Personal
<input type="checkbox"/> Unsure high school prepared me for college <input type="checkbox"/> Achieved a GED <input type="checkbox"/> Concerned about my math skills <input type="checkbox"/> Concerned about my writing skills <input type="checkbox"/> Unaware of my learning style <input type="checkbox"/> Inexperienced with study strategies that work for me <input type="checkbox"/> It's been more than 5 years since I have been in school <input type="checkbox"/> Poor study habits <input type="checkbox"/> Afraid of failing in college <input type="checkbox"/> Need for developmental coursework <input type="checkbox"/> I have a documented disability	<input type="checkbox"/> Don't know which majors would be a good fit for me <input type="checkbox"/> Have a lot of interests but can't seem to pick one major <input type="checkbox"/> Inexperienced in selecting a major or career <input type="checkbox"/> Decided about a major but not sure I have the preparation to succeed in it <input type="checkbox"/> Not sure what type of job I can get with my degree.	<input type="checkbox"/> Plan to work over 20 hours a week and go to school full time <input type="checkbox"/> Significant family responsibilities (children, siblings, parents) <input type="checkbox"/> Significant financial responsibilities outside of school costs <input type="checkbox"/> Entering college as non-traditional age student <input type="checkbox"/> Undecided about whether college is for me <input type="checkbox"/> English is a secondary language for me <input type="checkbox"/> Difficulty meeting new people <input type="checkbox"/> Difficulty meeting deadlines <input type="checkbox"/> Lack of support from family and friends

Check all that apply to you: ESL Veteran Disabled Foster Child Homeless

Please describe any other concerns you may have about being in college.

Please continue to the last page...

Why do you want to be a Scholar in the Student Support Services Program?

COMMITMENT TO PARTICIPATE

If accepted into Student Support Services, I agree to the following:

- ✓ I will attend the SSS New Student Orientation.
- ✓ I will meet with my SSS Academic Coach at least TWO times a semester.
- ✓ I will attend a MINIMUM of TWO SSS workshops, cultural events, or academic enhancement events each semester.
- ✓ I will review my mid-term progress reports each semester and discuss my grades with my SSS Academic Coach.
- ✓ I will be honest and conscientious with my SSS Academic Coach and use the services of SSS to help me be a successful college student.
- ✓ I give my consent for University of Wisconsin – River Falls Student Support Services program to use my photo and provide information on my participation in the SSS program in the SSS website, brochures and newsletters. This agreement remains in effect during my years as a student at UW-RF.

AGREEMENT

I certify that the information I have provided on this application is, to the best of my knowledge, complete and correct. Furthermore, I understand that by applying for the Trio Student Support Services program, I authorize the program staff to obtain records or data pertinent to my participation from other sources, and to release information, as required by law or the terms of the Student Support Services grant, to the grant funding agency of the United States government. The Student Support Services program staff has my permission to communicate verbally and otherwise with staff, faculty, and/or off campus professionals on my behalf.

Signature

Date

**Student Support Services is funded by the U.S. Department of Education.
Acceptance into the program is contingent upon meeting eligibility criteria and space availability.**

Mail completed application to:

Student Support Services/Academic Success Center
105 Davee Library
UW-River Falls
410 South Third Street
River Falls, WI 54022

Contact us at:

SSS@uwrf.edu

715-425-3531