

Date: \_\_\_/\_\_\_/\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female  Specify: \_\_\_\_\_

Ethnicity: Do you identify as Hispanic or Latino?  Yes  No

Please select the racial categories with which you identify:  American Indian/Alaskan Native  Asian  
 Black or African American  White  Native Hawaiian or Other Pacific Islander

Are you a US citizen/permanent resident?  Yes  No Are you a resident of Oregon?  Yes  No

OSU Student ID: \_\_\_\_\_ Major: \_\_\_\_\_ Current GPA (H.S. or college): \_\_\_\_\_

First term at OSU:  Fall yr \_\_\_  Spring yr \_\_\_  Winter yr \_\_\_  Summer yr \_\_\_  
 Current year in college:  1<sup>st</sup> Year  Junior  Sophomore  Senior

Are you a transfer student?  Yes  No If yes, list transfer college/university: \_\_\_\_\_

Has it been five or more years since you last attended college?  Yes  No

Have you previously been in a TRiO program?  Yes  No If yes, at: \_\_\_\_\_

Phone: \_\_\_\_\_ ONID Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

**Program Eligibility, please check all that apply:**

- First generation student (Neither parent has completed a degree from a four year university)
- Student with documented disability  
*(Verification will be requested. This can be obtained from Disability Access Services at 541-737-4098)*
- Considered low income based on the Federal TRiO Program guidelines (use chart on right)

Number in household: \_\_\_\_\_

Annual household taxable income: \_\_\_\_\_

*(Taxable income can be found on Federal Tax Form 1040EZ: line 6, 1040A: line 27, or 1040: line 43)*

**Federal TRiO Programs - Low-Income Levels -**  
 (Effective January 25, 2016 until further notice)

Size of family unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$17,820	\$22,260	\$20,505
2	\$24,030	\$30,030	\$27,645
3	\$30,240	\$37,800	\$34,785
4	\$36,450	\$45,570	\$41,925
5	\$42,660	\$53,340	\$49,065
6	\$48,870	\$61,110	\$56,205
7	\$55,095	\$68,880	\$63,345
8	\$61,335	\$76,680	\$70,515

I hereby apply for admission to the Oregon State University TRiO Student Support Services program (TRiO-SSS). If I am admitted to TRiO-SSS, I understand that I will remain a TRiO-SSS student for up to six (6) years until I graduate and/or leave the university. The information I provided is accurate and true, to the best of my knowledge.

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

\_\_\_\_\_  
 Date

**Oregon State**  
 UNIVERSITY

Last Revision 3/14/16	<b>For office use only.</b> Social security number: _____ Eligibility: _____
	Academic need: _____ First enrollment date: _____ Date of first project service: _____
	College grade level: _____ Enrollment Status: _____ Cohort year: _____