

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 American
 Black or African American White Native Hawaiian or other Pacific Islander

Are you a US Citizen, or Permanent Resident, card# _____

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

Did you get a High School diploma or a GED , what month/yr _____/_____

First term at OSU: Fall yr _____ Spring yr _____
 Winter yr _____ Summer yr _____

Current year in college: 1st Year Junior
 Sophomore Senior

Are you a transfer student? No Yes 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? No Yes If yes, at: _____

Phone: _____ OSU Email Address: _____@oregonstate.edu

Alternate Email Address: _____

To help us understand a little more about who you are and why you're interested in our program, on the back of this sheet or on a separate piece of paper, **please briefly explain what motivated you to apply for TRiO SSS at OSU and what services you expect will benefit you the most.**

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, 1040: line 43)

Federal TRiO Programs—Low-Income Levels
 (Effective January 31, 2017 until further notice)

| Size of family unit | 48 Contiguous States, D.C., and Outlying Jurisdictions | Alaska | Hawaii |
|---------------------|--|----------|----------|
| 1 | \$18,090 | \$22,590 | \$20,790 |
| 2 | \$24,360 | \$30,435 | \$28,005 |
| 3 | \$30,630 | \$38,280 | \$35,220 |
| 4 | \$36,900 | \$46,125 | \$42,435 |
| 5 | \$43,170 | \$53,970 | \$49,650 |
| 6 | \$49,440 | \$61,815 | \$56,865 |
| 7 | \$55,710 | \$69,660 | \$64,080 |
| 8 | \$61,980 | \$77,505 | \$71,295 |

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