

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 18, 2018 until further notice)

Size of family unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,210	\$22,770	\$20,940
2	\$24,690	\$30,870	\$28,395
3	\$31,170	\$38,970	\$35,850
4	\$37,650	\$47,070	\$43,305
5	\$44,130	\$55,170	\$50,760
6	\$50,610	\$63,270	\$58,215
7	\$57,090	\$71,370	\$65,670
8	\$63,570	\$79,470	\$73,125

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 \_\_\_\_\_

