

Application for Services

Please complete all items.
Incomplete applications will delay processing and services.
Please note that the applicant's signature on this application **must** be handwritten using ink.
This application may be filled out electronically, but will not be considered complete until it is printed and signed using ink.

Demographic Information

Name: _____
First Middle Last

Address: _____
Street/Box Number City State Zip

County: Power Bannock Bingham Bonneville Jefferson

Main Phone: () _____ Send Text Message

Alternate Phone: () _____ Send Text Message

Email: _____

Date of Birth: __/__/____

Gender: Female Male

Ethnicity: Hispanic/Latin(x) Yes No

Race: Please check all boxes that you consider apply to you.

Asian Native Hawaiian or Pacific Islander
Black/African American American Indian/Alaskan Native
White Tribe: _____

Education:

Did not complete high school
High school graduate
GED/high school equivalency
High school graduate w/some college
GED/high school equivalency w/ some college

Employment:

Unemployed
Part-time
Full-time
Retired

TRIO Participation:

Have you participated in another TRIO program during the last 12 months? Yes No



Eligibility Information

Citizenship

Are you: U.S. Citizen Permanent Resident SSN # _____ - _____ - _____

Discharge

Honorable General Under Honorable General
Bad Conduct Still Active NG/Reserve Other

Disability

Do you have a disability? Yes No
If yes: Service Connected Non-service connected Pending

First Generation Status

Did either Parent/Legal Guardian earn a 4 year college degree BEFORE you were 18?
Yes No

Income

The Department of Education requires information in either Section A or Section B below.

Section A:

I filed an income tax return last year. The number of individuals living in my household and/or claimed as dependents (including myself) is _____
My taxable (not total) income for last year was \$ _____
Note: Taxable income is different from net or gross income.

OR

Section B:

I was not required to file an income tax return last year. The number of individuals living in my household and/or claimed as dependents (including myself) is _____
My monthly non-taxable income from last year (from all sources) was \$ _____

Academic Need

- 1) Have you been out of school for 5 years or more? Yes No
- 2) Have you taken the ALEKS assessment or any other educational assessment?
Yes No Unknown
Score(s): _____

3) In which areas would you like assistance in preparing to enter or re-enter college?

Admissions Financial Aid/VA Educational Benefits Academics
If there are other areas, please explain:



Veterans Statement

Please select the veteran category below that best reflects your status.

Have served on active duty as a member of the Armed Forces of the United States for a period of more than 180 days and was discharged or released under conditions other than dishonorable;

Served on active duty as a member of the Armed Forces of the United States and was discharged or released because of a service connected disability;

Was a member of a reserve component of the Armed Forces of the United States and was called to active duty for a period of more than 30 days;

Was a member of a reserve component of the Armed Forces of the United States who served on active duty in support of a contingency operation (as that term is defined in section 101(a)(13) of title 10, United States Code) on or after September 11, 2001.

Referral Information

How did you hear about TRIO Veterans?

- | | | |
|-------------------------|---------------------------------------|-----------------------|
| Community agency | Referral from another TRIO project | Word of mouth/walk-in |
| Veterans service agency | Referral from educational institution | TRIO Veterans website |
| Advertisement | Referral from a non-TRIO program | |

Certification and Signatures:

I certify that all of the information provided in this application is true and complete to the best of my knowledge.

I certify that the information provided concerning citizenship is accurate.

I certify that I meet the eligibility requirement as defined in the Veterans Statement above.

I authorize the release of my college records to TRIO Veterans Staff.

I understand that the completion of this application does not guarantee acceptance into TRIO Veterans Program.

Applicant signature _____ **Date** _____

All information in this application will be kept strictly confidential and only shared with TRIO Staff and reported to the Department of Education.

***** TRIO Veteran Office Use Only*****

First-generation Low-income HR
VUB Director Approval: _____

VUB Counselor/Advisor Approval: _____
On Data Base (Date & Initial): _____