

STEP 8

Please indicate **which services interest you** (check all that apply).

- Advising/Counseling (indicate types)
 - Career Development
 - Academic Development
 - Personal
 - Other: _____
- Tutoring
 - Subjects of interest: _____
- Peer Mentoring
- Workshops (indicate types)
 - Time Management
 - Study Skills
 - Financial Literacy
 - Personal Health
 - Other: _____

STEP 9

Please indicate all **TRiO Programs** in which you have **previously participated**.

- Upward Bound
- Talent Search
- McNair Achievement
- Student Support Services
- Educational Opportunity Centers

STEP 10

On a separate sheet of paper, **please respond to the following questions**: What are your career goals and aspirations? What do you see as your biggest challenge(s)? How can Student Support Services help you? What you are looking forward to most at UB?

STEP 11

Please read the following statement, sign and date it below. If you, the student, are less than 24 years old, and answered NO to all the questions in STEP 6, your parent or legal guardian must also read, sign and date the statement.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student's official academic records to Student Support Services, understanding that the information in these records will be used only to assess the student's need for program services, discern the student's educational progress, evaluate the effectiveness of program activities, and fulfill program-reporting requirements.

Student's Signature	_____ / ____ / 20 Date
Parent or Legal Guardian's Signature	_____ / ____ / 20 Date

STEP 12

Please return the completed application, along with your Personal Statement, to:

Student Support Services, Room 519, Wahlstrom Library, University of Bridgeport, 126 Park Avenue, Bridgeport, CT 06604.

For questions, please contact Student Support Services at 203-576-4186 or sss@bridgeport.edu.

FOR OFFICE USE ONLY	The 20__ federal TRiO programs annual low-income level for a family unit with ____ members is:	\$
<input type="checkbox"/> Recommended Approval <input type="checkbox"/> Not Recommended Reason: _____	<input type="checkbox"/> Recommended Approval <input type="checkbox"/> Not Recommended Reason: _____	<input type="checkbox"/> Recommended Approval <input type="checkbox"/> Denied Reason: _____
_____ / ____ / 20 Advisor (Print Name) _____ Advisor (Sign and Date)	_____ / ____ / 20 Director (Print Name) _____ Director (Sign and Date)	_____ / ____ / 20 P.I. or P.I. Designee (Print Name) _____ P.I. or P.I. Designee (Sign and Date)
Date of Application Entry into Database ____ / ____ / ____ Initials of Data Entry Staff _____		
Eligibility: <input type="checkbox"/> LI & FG <input type="checkbox"/> LI ONLY <input type="checkbox"/> FG ONLY <input type="checkbox"/> DI ONLY <input type="checkbox"/> LI & DI		
Notes:		