

**STEP 1**

Please answer the following questions about yourself.

What is your **name**?

First Name	Middle Initial	Last Name
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What is your **mailing address**?

Street Address	Apt. #
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City	State	Zip Code
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What is your **home phone number**?

(    )   -     Year **Status?**  Freshmen  Sophomore  Junior

What is your **cell phone number**?

(    )   -

What is your **work phone number**?

(    )   -

What is your **e-mail address**?

\_\_\_\_\_

**STEP 2**

Please answer the following questions about yourself.

What is your **student ID#**?

What is your **social security number**?

-   -

What is your **birthdate**?

/   /

What is your **ethnicity**?

(Please check all boxes that describe you.)

- |  |   |                                   |   |
|--|---|-----------------------------------|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black (non-Hispanic)             |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Asian          | <input type="checkbox"/> White    | <input type="checkbox"/> Native American Pacific Islander |

What is your **gender**?

- Female  Male

**STEP 3**

Please answer the following question about yourself.

Are you a U.S. Citizen?

- Yes  No

**STEP 4**

If you are not a U.S. Citizen, please answer the following questions about yourself. If you are a U.S. Citizen, please skip ahead to STEP 5.

Are you a Permanent Resident?

- Yes  No

What is your Permanent Resident Alien Number?

**A**

**STEP 5**

**The following information is required by the federal government to determine the economic eligibility of each applicant and ensure we are providing services within the federal guidelines. Failure to complete this section could result in the delay or denial of your admission to the TRIO Student Support Services program.**

**Please check the box for last year's (2016) TAXABLE FAMILY INCOME.** This is NOT your Adjusted Gross Income. (Taxable income is on Form On IRS Form 1040—see line 43; Form 1040A—see line 27; Form 1040EZ—see line 6)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Up to \$18,090     | <input type="checkbox"/> \$30,241—\$36,450 | <input type="checkbox"/> \$48,871-55,095  |
| <input type="checkbox"/> \$18,091- \$24,030 | <input type="checkbox"/> \$36,451—\$42,660 | <input type="checkbox"/> \$55,096— 61,335 |
| <input type="checkbox"/> \$24,031—\$30,240  | <input type="checkbox"/> \$42,661—\$48,870 | <input type="checkbox"/> \$61,335- above  |

**Total number of family members living at home (including applicant):**

- 1  2  3  4  5  6  7  8+

I/We declare that no federal income tax return was filed by for the last tax period because my gross income was insufficient to require filing. Please check your form of income:

- DISABILITY  RETIREMENT  VETERANS BENEFITS  UNEMPLOYMENT  WELFARE/SOCIAL SERVICES  
 CHILD SUPPORT  SOCIAL SECURITY OTHER \_\_\_\_\_

## STEP 6

Please answer the following questions about yourself if you are less than 24 years old. Otherwise, skip ahead to STEP 7.

- At any time since reaching age 13, were you an orphan, in foster care, or a ward of the court?  Yes  No
- Prior to reaching age 18, were you an emancipated minor or did you have a court-appointed legal guardian?  Yes  No
- Are you less than 18 years of age and have no parent or guardian?  Yes  No
- Are you homeless (i.e., you lack a fixed, regular, and adequate nighttime residence) or are at risk of becoming homeless?  Yes  No

## STEP 7

Please answer the following questions about your parents and about yourself.

- Has your mother received/earned a 4-year college degree?  Yes  No
- Has your father received/earned a 4-year college degree?  Yes  No
- Which parent did you regularly reside with and receive support from during your childhood, until you were 18 years old? (Please check only one box.)
- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Both Mother and Father    |
| <input type="checkbox"/> Father | <input type="checkbox"/> Neither Mother nor Father |

## STEP 8

Please indicate whether or not you have a documented disability:  Yes  No

## STEP 9

Please indicate your intended major: \_\_\_\_\_

## STEP 10

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

- |  |   |
|--|---|
| <input type="checkbox"/> Advising/Counseling         | <input type="checkbox"/> Workshops          |
| <input type="checkbox"/> Career Development          | <input type="checkbox"/> Peer Mentoring     |
| <input type="checkbox"/> Academic Development        | <input type="checkbox"/> Time Management    |
| <input type="checkbox"/> Personal                    | <input type="checkbox"/> Study Skills       |
| <input type="checkbox"/> Tutoring                    | <input type="checkbox"/> Financial Literacy |
| <input type="checkbox"/> Subjects of interest: _____ | <input type="checkbox"/> Personal Health    |
|  | <input type="checkbox"/> Other: _____       |

## STEP 11

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

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

## STEP 12

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 13

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.

**I understand that Student Support Services is a federal program authorized by the U.S. Department of Education. I understand that the information provided on this application will be held confidential by the SSS staff. 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. I certify that all of the information I have provided is true and accurate.**

_____ Student's Printed Name	_____ Student Signature	____ / ____ / 20 Date
_____ Parent/Guardian's Printed Name	_____ Parent/Guardian Signature	____ / ____ / 20 Date

## STEP 14

Please submit the following to Student Support Services:

- (1) **Completed** and **signed** application,
- (2) Written answers from Step 12
- (3) Tax Transcript or tax forms from 2016

You may submit application materials via:

- ◇ Fax to: **203-576-4187**
- ◇ Email to: **sss@bridgeport.edu**
- ◇ Mail to: **Student Support Services, Wahlstrom Library, Room 519, University of Bridgeport, 126 Park Avenue, Bridgeport, CT 06604**