

Please i	ndicate which program		plying to:					
TEP 1: Please answer the	e following questions about	ut yourself.						
a. What is your name?	Last Name				1			·····]
·		<u> </u>		<u> </u>	<u> </u>	<u> </u>		
	First Name			<u> </u>		İ]
	Middle Initial							
b. What is your mailing								
address?	Street Address					Apt. #	#	
c. What is your home phone	City	·····			State		Zip	
number?	(_ _)		<u> </u>	<u> </u>				
d. What is your cell phone number?	(] - []]					
f. What is your islander e-mail address?				@				
g. What is your current classification?	Freshman	Sophomore	Junior		Senior			
TEP 2: Please answer	the following questions at	oout yourself.						
a. What is the name of the col attend? (if applicable)								
b . What is your student ID nu (if applicable)	mber?							
c. What is your social securit	y number?	[
d. What is your birthdate ?	M	V / D D	/ 7 7	YY]			
e. Are you Hispanic or Lating	o?		□ YES		NO			
f. What is your race? (Please check all boxes that describe you.)	American Indian or Alaska Native	Asian	Black or Af American	rican 🗆	Native Hawa other Pacific Islander	iian or	White	
g. What is your gender?	Female	Male						
TEP 3: Please answer	the following question abo	out yourself.						
a . Are you a U.S. citizen?	YES	Â	ent Resident Al	ien Number	is:]	citizen,	i <u>m not</u> a U.S and I <u>am n</u> a anent reside
TEP 4: Please answer	the following questions at	pout your parent	s and about yo	urself.				
a. Has your mother received/e	, ,	•	D Y	ES			NO	
b . Has your father received/ea	, , ,	,		ES			NO	
c. Which parent did you regula during your childhood (i.e., (Please check only one box.)				oth Mother a either Mothe			Mother onl Father only	
TEP 5: Please answer	the following questions a	bout vourself						
a. Are you married?	- and removing questions a	Jour Jourgon					י ם	YES 🗖
b . Do you have children or oth	er dependents (other that	n a spouse) who	o receive more t	han half of t	neir support fr	om vou		

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c. At any time since react	ning 13 years of age, were you an orphan, in foster care, or a ward	of the court?	🗆 YES 🗳	NO
d. Prior to reaching 18 years of age, were you an emancipated minor or did you have a court-appointed legal guardian?				
e. Are you serving on acti	🗆 YES 🗳	NO		
f. Are you a U.S. Armed Forces veteran who was on active duty & was released under a condition other than dishonorable?				
g. Are you in college & cu	rrently working on a master's (e.g., M.A., M.S.), professional (e.g.,	M.D., J.D.), or doctoral degree?	🗆 YES 🗳	NO
h . Are you less than 18 ye	ears of age and have no parent or guardian?		🛛 YES 🗳	NO
i. Are you homeless (i.e.,	, you lack a fixed, regular, & adequate nighttime residence) or are a	at risk of becoming homeless?	I YES I	NO
j. Do you have documen	ted accommodations (MUST be registered with TAMU-CC Disabilit	ty Services)?	🗆 YES 🗳	NO
Your parent(s) must answer the a. What is the total numb	uestions <u>about yourself</u> if you are <u>at least 24 years old</u> <i>or</i> you answ following questions <u>about themselves</u> if you are <u>less than 24 years</u> er of persons (including you) in your family ?			.P 5.
 b. What was your family's taxable (not total) income 	❑ My family's <i>taxable</i> (not total) income from the last calendar year was:	\$,		00
from the last	Note: Taxable income can be found on the federal income tax return. On IRS Form 1040, see line 15			
box. Then, provide the requested income	My family did not file a federal income tax return for the last calendar year. My family's total income from the last calendar year was:	\$,		00
information.)	My family had no taxable income during the last calendar year.			
ogram activities, and fulfill TRiO	t's need for TRiO program services, discern the student's educatio program-reporting requirements. Finally, I authorize this SSS proje rposes in the project's publications, advertising, video, and other for	ect to use the student's name, stat		IESS,
		//		
Signature of Student's Parent	or Legal Guardian	Date		
	<pre>de 20 federal TRIO programs annual w-income level for a family unit with members is:</pre>	\$.00	
 Recommended Approva Not Recommended. Reason: 	Image: Constraint of the second se	<pre>Approved Denied Reason:</pre>		
Advisor (Print name)	Director (Print name)	P.I. or P.I. Designee (Print Name	٤)	
	1 1 1 2 2		//20	
Advisor (Sign & Date)	//20//20	/ / / /	e)	
	//20 Director (Sign & Date)	P.I. or P.I. Designee (Sign & Dat		
Date of Application Entry	Director (Sign & Date)	s of Data Entry Staff		
Eligibility: LI&FG Project: SSS-S Notes: A determination of i that is completed and signe	Director (Sign & Date) Director (Sign & Date) Initial DLI ONLY DFG ONLY DI ONLY LI&DI	s of Data Entry Staff ust be supported by an attache or/designee.	ed statement	