



PARTICIPANT APPLICATION

Please indicate which program you are applying to. **SSS – Teacher Prep**

STEP 1: Please answer the following questions about yourself.

a. What is your name?

Last Name															
First Name															
Middle Initial															

b. What is your mailing address?

Street Address											Apt. #		
City						State			Zip				

c. What is your home phone number?

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

d. What is your cell phone number?

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

e. What is your work phone number?

()				-				
---	--	--	--	---	--	--	--	---	--	--	--	--

f. What is your personal email address?

@

g. What is your school email address?

@islander.tamucc.edu

h. Class Level:

Freshman Sophomore Junior Senior

STEP 2: Please answer the following questions about yourself.

a. What is your major? ?

What is your expected Graduation Date?

b. What is your student ID number? (if applicable)

--	--	--	--	--	--	--	--	--	--

c. What is your social security number?

				-			-			
--	--	--	--	---	--	--	---	--	--	--

d. What is your birthdate?

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

e. Are you Hispanic or Latino?

YES NO

f. What is your race? (Please check all boxes that describe you.)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

g. What is your gender?

Female Male

STEP 3: Please answer the following question about yourself.

a. Are you a U.S. citizen?

YES NO, but I am a Permanent Resident.

NO; I am not a U.S. citizen, and I am not a permanent resident.

My Permanent Resident Alien Number is:

A									
---	--	--	--	--	--	--	--	--	--

STEP 4: Please answer the following questions about your parents and about yourself. UNTIL YOU WERE 18yrs

a. Has your mother received/earned a 4-year college degree?*

YES NO

b. Has your father received/earned a 4-year college degree?*

YES NO

c. Which parent did you regularly reside with and receive support from during childhood (i.e., until 18yrs*)? (Please check only one box.)

Both Mother and Father
 Mother only
 Neither Mother nor Father
 Father only

STEP 5: Please answer the following questions about yourself.

a. Are you married?

YES NO

b. Do you have children or other dependents (other than a spouse) who receive more than half of their support from you?

YES NO

- c. At any time since reaching 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? YES NO
- e. Are you serving on active duty (for other than training purposes) in the U.S. Armed Forces? YES NO
- f. Are you a U.S. Armed Forces veteran who was on active duty & was released under a condition other than dishonorable? YES NO
- g. Are you in college & currently 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 years 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 you at risk of becoming homeless? YES NO
- j. Do you have a documented disability? (must be registered with TAMUCC DS or provide documentation) YES NO

STEP 6

You must answer the following questions about yourself if you are at least 24 years old or if you answered **YES** to any question in STEP 5. Your parent(s) must answer the following questions about themselves if you are less than 24 years old and you answered **NO** to all questions in STEP 5.

- a. What is the total number of persons (including you) in your family?
- b. What was your family's **taxable (not total) income** from the last calendar year?
(Please check only one box. Then, provide the requested income information.)
- My family's **taxable (not total)** income from the last calendar year was: \$, .00
Note: Taxable income can be found on the federal income tax return. On IRS Form 1040, see line 15.
 - 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
 - My family had no taxable income during the last calendar year. * **Receiving PELL** YES NO

STEP 7

Please read the following statement and then sign and date below it. If you (the student) are less than 24 years old and answered NO to all the questions in STEP 5, your parent or legal guardian must also read the following statement and then sign and date below it.

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 the TRIO Student Support Services (SSS) project at Texas A&M University-Corpus Christi, understanding that the information in these records will be used only to assess the student's need for TRIO program services, discern the student's educational progress, evaluate the effectiveness of TRIO program activities, and fulfill TRIO program-reporting requirements. Finally, I authorize this SSS project to use the student's name, statements, and likeness, without charge, for promotional purposes in the project's publications, advertising, video, and other formats.

Student's Signature	/ /
Date	/ /
Signature of Student's Parent or Legal Guardian	Date

FOR OFFICE USE ONLY	The <u>20</u> federal TRIO programs annual low-income level for a family unit with members is:	\$, .00
----------------------------	--	--

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Recommended Approval | <input type="checkbox"/> Recommended Approval | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Not Recommended. | <input type="checkbox"/> Not Recommended. | <input type="checkbox"/> Denied |
| Reason: _____ | Reason: _____ | Reason: _____ |

Advisor (Print name) _____	Director (Print name) _____	P.I. or P.I. Designee (Print Name) _____
____/____/20	____/____/20	____/____/20
Advisor (Sign & Date)	Director (Sign & Date)	P.I. or P.I. Designee (Sign & 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	
Project: <input type="checkbox"/> SSS-REG <input type="checkbox"/> SSS-STEM <input type="checkbox"/> SSS-TEACH	

Notes: A determination of independence based on YES responses to questions 5h or 5i must be supported by an attached statement that is completed and signed by an LEA liaison, RHYA director/designee, or ESG director/designee. If the applicant is a college student for whom a financial aid administrator has made a documented determination of independence, a statement from a financial aid administrator must be signed and attached. (cf., \$1087vv(d)) If the applicant is a dependent college student and no parent signature appears on this document, parent-income information from another source must be attached for any determination of LI status to be valid (\$1070a-11 (e) (1) (B-D)).

