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##### **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 **e-mail address**? | **@** |

**STEP 2:** Please answer the following questions about yourself.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **a.** What is the name of the college you attend? (if applicable) | | |  | | | | | | |
| **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.   My Permanent Resident Alien Number is:  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | A |  |  |  |  |  |  |  |  |  | | * NO; I am not a U.S. citizen, and I am not a permanent resident. |

**STEP 4:** Please answer the following questions about your parents and about yourself.

|  |  |  |
| --- | --- | --- |
| **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 your childhood (i.e., until you were 18 years old)?  (Please check only one box.) | * Both Mother and Father * Neither Mother nor Father | * Mother only * 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 and 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 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* 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:   Note: Taxable income can be found on the federal income tax return.  On IRS Form 1040, see line 43.  On IRS Form 1040A, see line 27.  On IRS Form 1040EZ, see line 6. | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **$** |  |  |  | **,** |  |  |  | **.00** | | | | |
| * My family did not file a federal income tax return for the last calendar year. My family’s total income from the last calendar year was: | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **$** |  |  |  | **,** |  |  |  | **.00** | | | | |
| * My family had no taxable income during the last calendar year. | | |

**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 **20\_\_\_** federal TRIO programs annual low-income level for a family unit with **\_\_\_\_\_\_\_** members is: | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **$** |  |  |  | **,** |  |  |  | **.00** | |
| .     |  |  |  |  |  | | --- | --- | --- | --- | --- | | * Recommended Approval |  | * Recommended Approval |  | * Approved | | * Not Recommended.  Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Not Recommended.  Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Denied  Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |  |  | | Advisor (Print name)  \_\_\_/\_\_\_/20\_\_\_ |  | Director (Print name)  \_\_\_/\_\_\_/20\_\_\_ |  | P.I. or P.I. Designee (Print Name)  \_\_\_/\_\_\_/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:  LI&FG  LI ONLY  FG ONLY  DI ONLY  LI&DI  Project:  SSS-REG  SSS-STEM  SSS-TEACH |  |   Notes: A determination of independence based on YES responses to question 5h or 5i must be supported by an attached statement that is completed and signed by a 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)). | | |