

Application for 2009-2010

Students Taking Responsibility In Development & Education**If you have any questions while completing this form, call (402) 375-7500 or 1-800-228-9972, Ext. 7500.**

1. Full legal name (please print or type): _____

2. Social Security No.: _____ 3. Date of birth: _____ 4. Male Female

Last

First

Middle

Maiden/Other

(month/day/year)

5. Permanent home address and phone:

Street Address

City

State

Zip Code

(Area Code) Telephone

6. Mailing address (please give campus address and phone, if different from home address):

Street Address

City

State

Zip Code

(Area Code) Telephone

7. U.S. citizen? Yes No If no, permanent resident? Yes No8. Have either of your parents received a four-year degree from any college or university? Yes No9. Ethnicity: Asian Native American or Alaskan Native
 Black or African American Native Hawaiian or other Pacific Islander
 Hispanic or Latino White
 More than one race10. Have you previously participated in: Upward Bound Talent Search or EOC

If yes, where: _____

Educational Data- Academic performance is used as an indicator of need for services.

11. Please provide the following information about your current school or the last school you attended:

School Name

Address

City

State

Zip

12. Do you hold a high school diploma or GED Certificate? Date earned: _____13. Have you taken the ACT? Yes No ACT Composite Score: _____14. What is your current academic level? Freshman Sophomore Junior Senior ___in college ___in high school**Medical Data- Documentation of disability must be provided before a student is considered for acceptance to STRIDE.**15. Do you have a physical disability or learning disability or medical disability?

If yes, please explain: _____

You must submit documentation of your disability along with this application. You should be able to obtain appropriate documentation from your doctor, counselor, or healthcare provider.

I certify that any information which I have provided is complete, accurate and true. I understand that *STRIDE* staff will use the data on this application form (and any documentation materials) to assist in assessing academic needs and that all of the information will be kept confidential. I understand that the *STRIDE* program serves a limited number of students, and I may be placed on a waiting list until an opening is available.

Applicant's Signature _____ Date (month/day/year) _____

Mail this application and all other required documents to:

**STRIDE/SSS Director
Wayne State College
1111 Main Street
Wayne, NE 68787**

Income Eligibility

Federal regulations require income information to determine which applicants meet federal income eligibility guidelines. Income eligibility is determined by family size and family **Taxable Income**.

DO NOT USE ADJUSTED GROSS INCOME

Please complete the appropriate section below.

Section I. Dependent Students

You are a **Dependent Student** if you:

1. are under 24 years of age; or
2. lived with and received more than one-half of your support this past year from parent(s) or guardian(s).

Number of Family Members is defined as:

1. you, your parents and the dependents of your parents;
2. if your parents are divorced or separated, family members include the parent whose income is used to compute available income for federal financial aid eligibility and that parent's dependents, including you.
3. if your parents are divorced and the parent whose income is used for this form is remarried, or if your parent is a widow or widower who has remarried, family members also include the new spouse and any dependents of the new spouse if that spouse's income is included in your parent's taxable income.

If you are a Dependent Student, please provide:

Parent(s) 2008 Taxable Income: \$ _____ **Number of Family Members:** _____ (see definitions above)

**Taxable income is found on the following tax form lines: 1040-line 43 1040A-line 27 1040EZ-line 6 **

Parent(s) Name: _____

Parent Signature: _____ **Date:** _____

-OR-

Section II. Independent Students

You are an **Independent Student** if you:

1. are 24 years of age or older by December 31, 2007;
2. are an orphan or ward of the court or were a ward of the court until age 18;
3. are a veteran of the Armed Forces of the United States;
4. are a graduate or professional student;
5. are a married individual;
6. have legal dependents other than a spouse; or
7. have been approved for independent status by a financial aid administrator.

Number of Family Members is defined as:

1. if you are married: you, your spouse, and your dependents
2. if you are divorced or separated: do not include your spouse (or ex-spouse), but do include you and your dependents.

If you are an Independent Student, please provide:

Your 2008 Taxable Income: \$ _____ **Number of Family Members:** _____ (see definitions above)

**Taxable income is found on the following tax form lines: 1040-line 43 1040A-line 27 1040EZ-line 6 **

Your Signature: _____ **Date:** _____