

Application for 2011-2012

**Students Taking Responsibility In Development & Education**

Please fill out the front &amp; back. 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  
(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-Used as an indicator of need for services**

11. Please list the name and address for your current or last school attended:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

12. Do you hold a  high school diploma or  GED Date earned : \_\_\_\_\_13. Have you taken the ACT?  Yes  No Score: \_\_\_\_\_

14. What is your current academic level?

 Freshman  Sophomore  Junior  Senior  
\_\_\_\_in college \_\_\_\_in high school**Medical Data-Documentation must be attached, if applicable**15. Do you have a  physical disability  learning disability or  medical disability?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_**You must submit documentation of your disability along with this application, if applicable.** You should be able to obtain appropriate documentation from your doctor, counselor, or healthcare provider.**Signature of Understanding**

16. By applying for STRIDE, Student Support Services, you are committing yourself to academic excellence by joining an elite group of students and staff. Your signature on this form is a promise to participate in the program and use the services to achieve academic excellence throughout your college career at Wayne State.

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, acceptance is competitive, 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****Back side of form must also be completed.**

## 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) 2010 Taxable Income:** \$ \_\_\_\_\_ **Number of Family Members:** \_\_\_\_\_ (see definitions above)

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

*\*Please attach your 2010 tax return if applicable\**

**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 2010 Taxable Income:** \$ \_\_\_\_\_ **Number of Family Members:** \_\_\_\_\_ (see definitions above)

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

*\*Please attach your 2010 tax return if applicable\**

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_