



TRIO Student Support Services

Application for 2024-25



Please fill out the front and back. If you have questions, call 402-375-7500 or 1-800-228-9972, ext. 7500.

1. Full legal name (please print or type): _____
Last First Middle Maiden/Other

2. Student ID Number: _____ 3. Date of birth: _____ (month/day/year)

4. Gender: Male Female Non Binary or Other Gender

Preferred Pronouns: She/Her/Hers, He/Him/His, They/Them/Theirs

5. Permanent home address and phone:

Street Address City State Zip Code (Area Code) Telephone (Area Code) Cell Phone

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 No

8. Have either of your parents received a four-year degree from any college or university? Yes No

9. Ethnicity: Hispanic or Latino Yes No

Race (select all that apply):

- Native American or Alaskan Native Native Hawaiian or other Pacific Islander
- Asian White
- Black or African American

10. Have you previously participated in: Upward Bound Talent Search EOC SSS

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 high school equivalency certificate? Date earned: _____

13. Have you taken the ACT? Yes No ACT Composite Score: _____

14. What is your current academic level? _____ in high school Junior Senior
_____ in college Freshman Sophomore Junior Senior

Medical Data – Documentation of disability must be provided before a student is considered for acceptance to TRIO SSS.

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 that I have provided is complete, accurate, and true. I understand that *TRIO Student Support Services* 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 TRIO Student Support Services 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) _____

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 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) **2022** Taxable Income: \$ _____ Number of Family Members: _____ (see definitions above)
Taxable income is found on the following tax form lines: 1040 – line 15

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, 2023;
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 **2022** Taxable Income: \$ _____ Number of Family Members: _____ (see definitions above)
Taxable income is found on the following tax form lines: 1040 – line 15

Your Signature: _____ Date: _____

Send completed application materials to:

Wayne State College
TRIO Student Support Services
1111 Main Street
Wayne, NE 68787
or
trio@wsc.edu