



# TRIO

## PARTICIPANT APPLICATION



### SECTION A: Eligibility

Please type or print in blue or black ink. (Please do NOT use white-out)

Referral Source: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name First Name Middle Initial

Address \_\_\_\_\_  
Address Apartment City State Zip

Cellphone \_\_\_\_\_ E-mail \_\_\_\_\_ Student ID# \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No Are you a Permanent Resident? \*  Yes  No Alien# \_\_\_\_\_  
\*Only answer this if you are not a U.S. Citizen

Social Security # \_\_\_\_\_ Do you have a GED/High School Diploma?  Yes  No

Do you have a College degree?  AA/AS  BA/BS  None Are you interested in a post-secondary education?  Yes  No  
Post-secondary education is anything after high-school, i.e. college or university

Did either of your parents earn a 4-year degree before you turned 18?  Yes, my Father  Yes, my Mother  No

### SECTION B: Student, please answer the following questions about yourself

What is your gender?  Female  Male  Non-binary/other What is your Marital Status?  
 Single  Married  Divorced  
 Separated  Widowed

Are you Hispanic or Latina(o)?  Yes  No

What race/s do you identify with?  
*Please check all the boxes that best describe you*  
 American Indian/AK. Native  Black/African American  U.S. Military / Dependent of Military  
 Native Hawaiian/Pacific Islander  White/Caucasian  Active Duty  Veteran  
 Asian American or Asian  Two or more races  Child of Active Duty  Spouse of Active Duty  
 None apply to me

Are you fluent in English?  Yes  No Are you a registered disabled student?  Yes  No  
*If you selected No, what is your first language? \_\_\_\_\_*

### SECTION C: Verification of Income

Taxable annual household income (less than or equal to) Please indicate all your source(s) of income  
 \$22,590  \$46,800  \$71,010 *Check all that apply*  
 \$30,660  \$54,870  \$79,080  Salary/Wages  Unemployment  Veterans Benefits  
 \$38,730  \$62,940  \_\_\_\_\_  CalWORKS/TANF  Pension  Other \_\_\_\_\_  
 SSI  General Relief  
 Disability  Child Support

Household size - include yourself  
 1  2  3  4  5  6  7  8+

### SECTION D: Educational Information

What do you need assistance with?  Admissions  Financial Aid  Class Registration  Other \_\_\_\_\_

Are you currently in High School or equivalent program (adult/continuation school)?  Yes, grade \_\_\_\_\_  Yes, program  No

Have you ever attended College?  Yes, currently enrolled  Yes, previously attended \_\_\_\_\_  No  
Year(s)

Are you PRESENTLY a participant of any of the following programs?  Gear Up  
 Educational Opportunity Centers (EOC)  Ronald E. McNair Postbaccalaureate Achievement (McNair)  
 Student Support Services (SSS)  Talent Search (TS, ETS)  
 Upward Bound (UB)  Upward Bound Math-Science (UBMS)  Veterans Upward Bound (VUB)

### SECTION E: Release of Information

RE020124

I verify that the information provided in this application is true and accurate

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Information Release** - Information provided to TRIO NCEOC is confidential and will not be released without the student's permission. By signing this form, you authorize TRIO NCEOC to receive and release information to/from all applicable educational and career institutions to assist me in my education planning, verify enrollment and secure financial aid opportunities for program participants. In addition, my information may be released to the Department of Education to demonstrate program effectiveness when requesting renewed funding. **Photo/Media Release** - Much of our publication and marketing success is from the use of photos and videos taken of TRIO NCEOC students during program events. By signing this form, you give the irrevocable right to use your name, photo or video in all forms and media and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes, you waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I verify that I am at least \* 18 years of age, I have read this release and am familiar with the content.

<b>FOR OFFICE USE ONLY</b>	20 <input type="text"/> federal TRIO programs annual low-income level for a family unit with <input type="text"/> members is:	\$ <input type="text"/>	Student Name
Educational Participant Status at time of first service			
<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5 <input type="checkbox"/> A6 <input type="checkbox"/> A7 <input type="checkbox"/> A8 <input type="checkbox"/> A9 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied, Reason:	
<input type="text"/>		<input type="text"/>	
Coordinator (Sign & Date)		Director (Sign & Date)	
Date of Application Entry into Database	Eligibility: <input type="checkbox"/> LI & FG <input type="checkbox"/> LI ONLY <input type="checkbox"/> FG ONLY <input type="checkbox"/> DI ONLY	Initials of Data Entry Staff	

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