

FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME
HOME ADDRESS	СІТҮ	STATE	ZIP
HOME PHONE	CURRENT EMAIL		CELL PHONE
DATE OF BIRTH	STUDENT ID #	DO	RM ROOM
US CITIZEN: Yes No	DUAL CITIZEN: Yes No	GENDER: Male Female	
RACE (circle all that apply American Indian/		Black or African American	White
Native Hawaiian/	Other Pacific Islander	Asian	Hispanic
DO YOU PLAN ON TRANS	FERRING TO A 4 YR. SCHOOL: Yes	NO <b>REFERRED BY:</b> SELF	OTHER
HAVE YOU APPLIED TO TR	RIO BEFORE? Yes No ACAD	EMIC Major/Program:	
DO YOU HAVE A COLLEGE	ACADEMIC ADVISOR? Yes No	ADVISOR'S NAME	
ARE YOU PLAYING A SPO	RT Yes No IF YES, WHICH SPO	DRT	
START TERM/YEAR: Fall	Spring Summer 20	WILL YOU BE LIVING ON CAM	IPUS AT DCB? Yes No
If yes,		is my dorm	address and telephone number.
HAVE YOU APPLIED FOR F	INANCIAL AID? Yes No IF NO	D, REASON:	
ARE YOU AN INDIVIDUAL	WITH A DISABILITY? Yes No	HAVE YOU BEEN ON AN IEP	/ISP OR 504 PLAN? Yes No
HAS YOUR MOTHER RECE	IVED A 4 YEAR COLLEGE DEGREE?		nis application, I certify that neither of my natural ith whom I currently reside or with whom I
HAS YOUR FATHER RECEI	VED A 4 YEAR COLLEGE DEGREE?		th birthday, have received a bachelor's degree.
WHY DO YOU WANT TO J	OIN TRIO?		

## **RELEASE OF INFORMATION**

I hereby grant permission to Student Support Services to secure or release the necessary information pertinent to my participation in the project, including transcripts, evidence of financial aid, attendance records, grades, and other documents. I understand my responsibility to utilize and participate in program services to meet individual goals and objectives.

Signature:

## **Income Eligibility Verification**

To be considered eligible for this program we must verify individual or family income status. If your guardian claims you on their taxes they must fill out the information below. If you file as an independent please fill out the information below. **Please circle the taxable dollar amount that applies to you.** 

Your TAXABLE income can be found on **line 6 of a 1040EZ** form, **line 27 of a 1040A** form or **line 43 of a 1040** form. TAXABLE income is typically less than Adjusted Gross Income, which is reported on a FAFSA, because of deductions that are taken form the Adjusted Gross Income to figure how much income will be taxed.

48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
\$0-\$18,735	\$0-\$23,400	\$0-\$21,570
\$18,736-\$25,365	\$23,401-\$31,695	\$21,571-\$29,190
\$25,366-\$31,995	\$31,696-\$39,990	\$29,191-\$36,810
\$31,996-\$38,625	\$39,991-\$48,285	\$36,811-\$44,430
\$38,626-\$45,255	\$48,286-\$56,580	\$44,431-\$52,050
\$45,256-\$51,885	\$56,581-\$64,875	\$52,051-\$59,670
\$51,886-\$58,515	\$64,876-\$73,170	\$59,671-\$67,290
\$58,516-\$65,145	\$73,171-\$81,465	\$67,291-\$74,910
Greater Than \$65,146	Greater Than \$81,466	Greater Than \$74,911

For family units with more than eight members, add the following amount for each additional family member: \$6,630 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$8,295 for Alaska; and \$7,620 for Hawaii.

Family size: \_\_\_\_\_ (how many people reside in your household including college students)

Parent/Guardian Signature

Date

