TRIO-Student Support Services

Application

APPLICATION CHECKLIST-OFFICE USE ONLY

☐ Student signature
☐ Parent signature (if dependent student)
☐ Income verification (signed statement) or signed prior year tax form (1040)
☐ Transcripts
☐ Interview schedule  Date: ________________  Time: ________________
☐ Student is not eligible for TRIO SSS
☐ Student Accepted into TRIO SSS ________________ Date: ________________
☐ Advisor assignment: ________________

Name: ____________________________  Date: ____________

Federally Funded by the U.S. Department of Education

For general TRIO Student Support Services information please email us at: triosss@neiu.edu
TRIO Student Support Services
Northeastern Illinois University
5500 N St. Louis Avenue
LIB 412
Chicago, IL 60625-4699
Phone: 773-442-4971
STUDENT APPLICATION

The information you provide is strictly confidential. This information is required because TRIO Student Support Services is a federally funded program, and students who wish to participate must meet eligibility requirements.

PLEASE PRINT CLEARLY and CIRCLE/CHECK WHICH APPLY TO YOU

Student ID # __________________ Date of Birth ___/___/___ SS # ________________________________

Last Name ___________________________ First ___________ MI ___________________________

Address _____________________________ City _______________ State ___ Zip Code ____________

Home Phone # (___) ___________ Cell Phone # (___) _________________________________

Is this your permanent address? If no, please list your permanent address.

Address _____________________________ City _______________ State ___ Zip Code ____________

Preferred email Address ___________________________ Gender  □ M □ F

Are you of Latino/Hispanic descent?  □ Yes  □ No

ETHNIC IDENTITY (check all that apply)

☐ Black/African American  ☐ Native Hawaiian/Pacific Islander

☐ American Indian/Alaskan Native  ☐ Latino/Hispanic

☐ White/Caucasian  ☐ Asian

CITIZENSHIP

☐ YES, I am a US citizen or legal resident.  ☐ NO, I am not a US citizen

If resident, please provide A# _____________

Are you a Veteran?  ☐ YES  ☐ NO

MARITAL STATUS

☐ Single  ☐ Married  ☐ Divorced  ☐ Widowed

ELIGIBILITY CRITERIA

Are you a First-Generation college student? (neither parent nor guardian(s) holds a bachelor's degree)?  ☐ YES  ☐ NO

Are you participating in Project Success at NEIU?  ☐ YES  ☐ NO

Are you participating in Proyecto Pa'Lante at NEIU?  ☐ YES  ☐ NO

DISABILITY VERIFICATION

Do you have a documented disability that impacts your success in college?  ☐ YES  ☐ NO

Have you been diagnosed as having a learning disability?  ☐ YES  ☐ NO

Do you require adaptive assistance in order to complete your college courses?  ☐ YES  ☐ NO

If yes, please describe: ________________________________________________________________

How did you find out about the TRIO Student Support Services Program? ____________________
FINANCIAL INFORMATION

Are you eligible to apply for financial aid? ☐ YES ☐ NO
Have you applied for financial aid? ☐ YES ☐ NO
Are you receiving financial aid? ☐YES ☐ NO
If yes, please check which apply to you:
Type(s) of Aid: ☐ Pell Grant ☐ IMAP ☐ Federal Work Study ☐ Loan
Scholarship (type): _____________________________ Other if yes, describe __________________________

EDUCATIONAL INFORMATION

1. Are you a new participant to the TRIO Student Support Services Program at NEIU?
   ☐YES ☐ NO (please explain) __________________________________________________________

2. Have you ever participated in a TRIO Program (Upward Bound, Talent Search, Student Support Services, Gear Up, etc)? ☐ NO ☐ YES (name of program) _____________________________

3. Current academic enrollment status?
   ☐ Full time ☐ ½ time ☐ Not enrolled at NEIU
   ☐ ¾ time ☐ Less than ½ time

4. College Grade Level?
   ☐ First year, never attended ☐ Freshman (0-30 credit hours) ☐ Junior (61-90 credit hours)
   ☐ First year, attended before ☐ Sophomore (31-60 credit hours) ☐ Senior (91-120 credit hours)

5. Have you completed a degree? If yes, check all that apply. ☐ YES ☐NO
   ☐ Associate Degree ☐ Bachelors Degree ☐ Masters Degree ☐ Certificate (type)___________
   Completion Date __________ Completed at ________________________________________

6. Is this your First college experience? ☐ YES ☐ NO
   If No, what other college(s) have you attended? _______________________________________

7. Are you currently attending another college? ☐ YES ☐ NO If yes, where? ________________

8. Are you planning on transferring? ☐ YES ☐ NO If yes, when? _______ Where? ______________

9. How many credits are you taking THIS semester? _______________________________________

10. How many TOTAL credits have you completed? ________________________________________
FIRST YEAR STUDENTS ONLY

11. Are you a High School or GED graduate? □ YES □ NO If yes, year graduated? ________________

12. What is the HIGHEST education you completed? __________ H.S. G.P.A. ________________

13. What year did you LAST attend school? ____________________________________________________________________

EDUCATIONAL & CAREER GOALS

What is your major? _____________________________ Minor? ____________________________

What are your educational goals? ____________________________________________________________________

What are your career goals? ____________________________________________________________________

What degree are you seeking here at Northeastern Illinois University?
□ Bachelor’s (4 year degree) □ Certificate (less than 2 years) □ Other ________________

How can the TRIO Student Support Services Program best support your educational goals?

□ Academic Advising □ Mentoring □ Cultural Activities □ Tutoring □ Career Development/Advising □ Other ________________

□ Financial Aid Guidance □ Advocacy □ Personal Development/ Support □ ESL Services □ Study Skills

AFFIDAVIT OF TRUTH STATEMENT

The information provided on this form is, to the best of my knowledge, accurate and true.

Student’s Signature: __________________________ Date: ______________

Parent’s Signature (if student is dependent) __________________________ Date: ______________

Director’s Signature: __________________________ Date: ______________

AUTHORIZATION TO RELEASE INFORMATION: I give authorization to the TRIO Student Support Services staff to access my academic records at NEIU, including grades, test scores, disability information, and financial aid records.

Name: __________________________ Signature: __________________________ Date: ______________