



TRIO STUDENT SUPPORT SERVICES

Program Eligibility and Application Instructions

TRIO programs have a tradition of providing a community of support for first generation, limited income, students of color, and students with disabilities. At Stan State, TRIO SSS is a space for students to belong, ask questions, plan their future, get help with campus processes, and be supported through challenges when needed.

SSS students receive personalized advising, peer mentoring, program scholarships, instructional support, dedicated computer lab/lounge space, and diverse workshops. All resources and services free to participants and are supported by federal grant funding through the U.S. Department of Education.

Eligibility:

- 1) Stan State undergraduate: newly admitted first-time freshmen, lower division students, newly admitted TRIO transfers (and non-TRIO support program transfers as space permits)
- 2) One or more of the following: income eligible, first generation, and/or documented disability
- 3) **WAIVER IN EFFECT:** Students with citizenship, permanent residency, or undocumented status can apply
- 4) Demonstrated academic need for support

** Final program admissions decisions will consider required criteria,
program capacity, and demonstrated academic needs.
Meeting minimum eligibility does not guarantee admission to the program. **

Application Instructions:

Interested students should complete and submit the following required documents:

- ✓ **Signed SSS Program Application**
- ✓ **Copy of Financial Aid Award** from MyStanState Portal
 - *Award Summary with all aid offered and accepted* (under Finances, click View Financial Aid)
 - *Financial Aid Summary with budget, EFC, estimated need, total aid, and remaining need* (from the Award Summary screen, click Financial Aid Summary)
- ✓ **WAIVER IN EFFECT:** Students with citizenship, permanent residency, or undocumented status can apply
 - *Front and back copy of Alien Registration Card*
- ✓ If applicable, a copy of **Disability Verification**

Submission Instructions:

[SSS application packets can be submitted electronically using our digital mailbox](#)

- Please double check that digital files have clear images and make sure information is not cropped out.

TRIO Student Support Services Program Application

SECTION A: PERSONAL INFORMATION

Last Name: _____ **First Name:** _____ **Stan State ID:** _____
Cell Phone: _____ **Home Phone:** _____ **Email:** _____ @csustan.edu
Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Date of Birth: _____ **Age:** _____ **Gender:** _____ **Pronouns:** _____
Major: _____ **Concentration:** _____

Ethnicity: (Check one)

Hispanic/Latin/Spanish origins

NOT of Hispanic/Latin/Spanish origins

Race: (MUST check at least one)

American Indian or Alaskan Native

Asian

Black/African American

Native Hawaiian or Other Pacific Islander

White

SECTION B: RESIDENCY

Not Applicable/Waiver in effect: Students with citizenship, permanent residency, or undocumented status may apply.

SECTION C: FIRST GENERATION STATUS

How many parents did you regularly reside with and receive support from until you were 18 years old?

Two Parents

One Parent

None

Highest education completed by Parent 1:

Highest education completed by Parent 2:

SECTION D: DISABILITY

Are you seeking TRIO SSS services due to a documented disability? Yes No

If yes, verification of disability through Stan State Disability Resource Services or private physician must be submitted with your program application.

SECTION E: SUPPORT PROGRAMS

Have you been accepted to the Stan State Educational Opportunity Program (EOP)? Yes No

Prior TRIO Participation

None

Upward Bound

Talent Search

Student Support Services

If applicable, the name of the TRIO Institution:

Non-TRIO Support Program (i.e. AVID, EOPS, CalWorks)

Program Name:

Program Institution:

SECTION F: DEPENDENCY

- Yes No I am less than 18 years of age and have no parents or guardians
- Yes No I will be at least 24 years old starting this academic year
- Yes No I am married
- Yes No I have legal dependents (other than a spouse) who receive more than half of their support from me
- Yes No At some point after turning 13 years of age; I was an orphan, in foster care, or a ward of the court
- Yes No Prior to reaching 18 years of age, I was an emancipated minor or had a court-appointed legal guardian
- Yes No I am serving on active duty (for reasons other than training purposes) in the U.S. Armed Forces
- Yes No I am a Veteran who was on active duty and was released under a condition OTHER than dishonorable

I am a **DEPENDENT STUDENT** (I selected "No" for all of the dependency statements above)

I am an **INDEPENDENT STUDENT** (I selected "Yes" for one or more of the dependency statements above)

SECTION G: INCOME VERIFICATION

Complete the "Dependent" or "Independent" Student Income Reporting section based on student dependency status

Dependent Student Income Reporting

Parent/Guardian must complete/sign income verification.

Tax Year:

Household Size:

Parent/Guardian(s) Tax Status (select one)

FILED a federal tax return last year

Taxable income (IRS 1040 line 15):

NOT REQUIRED TO FILE or **DID NOT FILE** a federal tax return last year

Total income from all sources:

Income sources:

I certify the income information provided is true to the best of my knowledge and agree to provide additional documentation should it be needed.

Parent/Guardian Name

Parent/Guardian Signature

Date

Independent Student Income Reporting

Student completes/signs income verification section.

Tax Year:

Household Size:

Status (select one)

FILED a federal tax return last year

Taxable income (IRS 1040 line 15):

NOT REQUIRED TO FILE or **DID NOT FILE** a federal tax return last year

Total income from all sources:

Income sources:

I certify that the above information is true to the best of my knowledge and agree to provide additional documentation should it be needed.

Student Signature

Date

SECTION H: ACADEMIC AND EDUCATIONAL NEEDS

Why did you decide to apply for SSS?

What educational or career goals have you set for yourself? Is there anything you are unsure about? Do you have concerns about reaching your goals?

Do you currently have any academic concerns (subjects/content, study skills, testing, connecting with faculty/students, etc.) SSS services can help with?

Do you have any personal, family, financial, or other priorities while attending college?

Is there anything else you would like SSS to consider in evaluating your program application?

Please select the service(s) you are interested in:

Academic Advising	Graduate School Information	Workshops and Conferences
Career Exploration/Planning	Peer Mentoring	Writing Assistance
Computer Lab/Study Lounge	Scholarship Awards	Other:
Financial Planning and Literacy	Tutoring	

SECTION I: AFFIDAVIT OF TRUTH AND CERTIFICATION OF RELEASE OF INFORMATION

By signing below, you indicate that you have read all of the following conditions, understand them, and will comply with program requirements.

- I certify my answers on this application are true and accurate to the best of my knowledge.
- I authorize the release of my student academic records to the SSS staff for the purposes of assessing my need for services, monitoring academic progress, evaluating program effectiveness, fulfilling program-reporting requirements, and advocating on my behalf with campus partners.
- I agree to notify SSS of any changes in my address or phone number
- I agree to meet with my Advisor as requested (at least twice per semester), connect with program peer mentors (twice per semester), participate in workshops and events, and use writing/tutoring supports as needed.

Student/Applicant Signature

Date