

Taxable Income Statement: To determine your eligibility in the **TRIO** SSS program, we must have your family's federal taxable income. Please submit a copy of all pages of the tax return.

Student Federal Taxable Income: _____ :

Parents Federal Taxable Income: _____

Total **Federal Taxable Income:** _____ *(include a copy of your latest tax forms)*

Please indicate family size: _____ *(student, siblings, and parents that live with you and are claimed on your federal tax return)*

Mark each area you need help in (Please choose at least three):

- | | | |
|--|--|---|
| <input type="checkbox"/> FAFSA Assistance/Financial Literacy | <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Academic Tutoring |
| <input type="checkbox"/> Career Advising | <input type="checkbox"/> Class Scheduling | <input type="checkbox"/> Economic Literacy |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Graduate School Assistance |
| <input type="checkbox"/> Other: _____ | | |

PLEASE READ BEFORE SIGNING:

I am willing to make the commitment to participate in the **TRIO** Student Support Services Program. I commit to meet with my **TRIO** Retention Specialist at least three times per semester. I give the program permission to post pictures of me on their web page and collect information about my participation in the program. I give program staff permission to access my records and contact my instructors or other university staff to increase my academic success. This information will be used to develop statistical data for reports/publications, to evaluate the program, and to assess my academic and career needs. To the best of my knowledge the information on this form is true and accurate at this time.

Applicant Signature

Date

To apply to the **TRIO**/Student Support Services Program, complete the entire application, and send/bring to:

TRIO/Student Support Services Office
Shepherd University, Scarborough Library
Room 152
P.O. Box 5000, Shepherdstown, WV 25443-5000
Phone: 304-876-5779 E-Mail: ebaker03@shepherd.edu



FOR OFFICE USE ONLY

Academic Need: _____ Date Application Received: _____

Eligibility Requirements: LI FG D Not Eligible Accepted Denied

TRIO/SSS Specialist: _____ Director's Initials: _____

Date of First Service: _____ Shepherd Enrollment Date: _____

Transfer Credits: _____ Entered in Blumen: yes no Entered to Wait-List: _____ Date Entered _____