



TRIO programs are fully funded by the United States Department of Education. All services are free of charge to participants and are hosted by Idaho State University.

**Participant Information**

Legal First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Legal Last Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Email \_\_\_\_\_ Phone \_\_\_\_\_  Cell  Home

**Eligibility**

Did either of your parents get a four-year Bachelor’s degree before you were 18?  Yes  No

Are you 24 years or older?  Yes  No

Do you have children or other dependents (besides your spouse) for whom you supply more than half of their support?  Yes  No

Were you an emancipated minor or did you have a court-appointed legal guardian?  Yes  No

After the age of 13, were you an orphan, in foster care, or a ward of the court?  Yes  No

Are you homeless (i.e., you lack a regular and adequate nighttime residence) or are you at risk of being homeless?  Yes  No

Marital Status:  Single  Married

Are you a veteran?  Yes  No

Do you have a permanent disability?  Yes  No

If yes, is your disability service connected?  Yes  No

Would you like to learn more about disability service options?  Yes  No

**Taxable Household Income Information** (Required by U.S. Dept. of Education)

Number of people in your Household: \_\_\_\_\_ (Include yourself)

Please select **taxable** (not total) income for **last year** (Refer to IRS 1040 & 1040-SR line 15)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$21,870      | <input type="checkbox"/> \$37,291 - \$45,000 | <input type="checkbox"/> \$60,131 - \$68,130 |
| <input type="checkbox"/> \$21,871 - \$29,580 | <input type="checkbox"/> \$45,001- \$52,710  | <input type="checkbox"/> \$68,131 - \$75,840 |
| <input type="checkbox"/> \$29,581 - \$37,290 | <input type="checkbox"/> \$52,711 - \$60,130 | <input type="checkbox"/> \$75,841 - Above    |

## Background Information

Gender:  Male  Female      If applicable, current identity \_\_\_\_\_

Citizenship:  US Citizen    Permanent Resident

What is your race?       American Indian/Alaskan Native       Native Hawaiian/Pacific Islander       Black/African American  
Check all that apply.       Asian       White/Caucasian       Hispanic/Latino

Highest grade level completed ?  Did not complete high school    GED/High School Diploma  
 Currently enrolled in GED/high school    Some College    Completed four-year degree

I am pursuing a  Certificate    Associate Degree    Bachelor Degree    Other \_\_\_\_\_

### Please indicate your needed level of support for each of the following services:

	Low	Medium	High		Low	Medium	High
Admissions Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academic Advising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Aid Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	College Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English Language Learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Certification and Signature

- I certify that all of the information provided in this application is true and complete to the best of my knowledge.
- I certify that the information provided concerning citizenship is accurate.
- I understand that this application can be used for Idaho State University TRIO Programs.
- I authorize the release of my high school and college records to Idaho State University TRIO Programs.
- I understand that the completion of this application does not guarantee acceptance into ISU TRIO Programs.
- I understand that the completion of this application will be held in confidence by ISU TRIO Programs.
- I understand that I will be contacted via email or by phone
- I give my consent for my image to be used for marketing purposes.

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

If applicable, parent/guradian email or signature \_\_\_\_\_ Phone Number \_\_\_\_\_

### Office use only.

Advisor Approval \_\_\_\_\_ Date \_\_\_\_\_ Director Approval \_\_\_\_\_

Date Entered into Database \_\_\_\_\_  FG    LI    DS    HR    ON