



**STEP 6 (Continued)**

What is the total number of persons in your family? \_\_\_\_\_

Please select one of the following:

My family's *adjusted gross income* from the last calendar year was:

I attest that my family did not file a federal income tax return for the last calendar year. My family's income was:

I attest that my family had no taxable income for the last calendar year. \$ \_\_\_\_\_, \_\_\_\_\_

(Note: Your taxable income can be found on the federal income tax return you filed for the last calendar year.  
Form 1040 Line 37  
Form 1040A Line 21  
Form 1040EZ Line 4

**STEP 7**

What TRIO Services are you interested in? Check all that apply:  Admission Assistance  College Success Skills  
 Tutoring  Academic Advising  Financial Aid Assistance  Career Advising  Transfer Advising  
 Other Service, please specify \_\_\_\_\_

What is your intended College Major or College Career Goal? \_\_\_\_\_

Which, if any, financial aid are you receiving? Check all that apply:

Pell  Rehab  Private Scholarship  Ar Academic Challenge  Work Study  Other

**STEP 8**

Read, sign and date.

My signature below certifies that the above information is correct and that I have a desire to pursue a program of postsecondary education (HEA, SEC 402F(a)(1)) and am in need of academic support to successfully pursue a postsecondary education.

I grant the TRIO Programs permission to send for/receive copies of transcripts, financial aid awards, test scores, and other relevant information necessary for participation in the program and allow state and federal agencies permission to release income information.

Student's/Participant's Signature \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

(Parent's signature or signed tax return is required if applicant is less than 24 years old and answered NO to all of the questions in STEP 5.)

**FOR OFFICE USE ONLY**

The 20\_\_\_\_ federal TRIO programs low-income level for a family unit with \_\_\_\_\_ members is:

\$ \_\_\_\_\_, \_\_\_\_\_

Recommended Approval

Recommended Approval

Approved

Not Recommended.

Not recommended.

Denied

Reason: \_\_\_\_\_

Reason: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
Outreach Representative(Print Name)

\_\_\_\_\_  
Outreach Rep or Director (Print Name)

\_\_\_\_\_  
Director or Designee (Print Name)

\_\_\_\_\_/\_\_\_\_\_/20  
Outreach Representative (Sign & Date)

\_\_\_\_\_/\_\_\_\_\_/20  
Outreach Rep or Director (Sign & Date)

\_\_\_\_\_/\_\_\_\_\_/20  
Director or Designee (Sign & Date)

Date of Application Entry into Database \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials of Data Entry Staff \_\_\_\_\_

Eligibility: LI & FG LI ONLY FG ONLY DI ONLY DI & LI Under-represented OTHER  
Project: EOC SSS