



### APPLICATION INSTRUCTIONS

TRiO Student Support Services is a federally funded program through U.S. Department of Education. To determine your qualifications for this program, please complete this application in its entirety using **BLUE** or **BLACK INK**. The information you provide is strictly confidential. Only completed applications will be accepted and does not guarantee admission to the program. Applications should be returned or submitted to TRiO SSS Office at University of Guam Field House, 2<sup>nd</sup> Floor.

**CHECKLIST: BEFORE RETURNING YOUR APPLICATION TO THE PROGRAM, MAKE SURE YOU HAVE THE FOLLOWING:**

- Completed SSS Application
- Signed copy of 2014 Federal Income Tax Return
- Current Class Schedule
- Valid Passport or Birth Certificate
- Verification of Disability (if applicable)
- Completed Needs Assessment Survey

| DEMOGRAPHIC INFORMATION  |   |                                       |  |
|--|---|---------------------------------------|--|
| Date of Birth:   | Social Security Number:                         |                                       |  |
|  | UOG Student ID No.                              |                                       |  |
| Name:  |   |                                       |  |
| Last   | First   | M.I.                                  |  |
| Address:   |   |                                       |  |
| Street or P.O. Box   | City  | State                                 | zip  |
| Home Phone:  | Cell Phone:                                     |                                       |  |
| E-Mail Address:  | UOG Triton E-Mail Address:                      |                                       |  |
| Check all that apply to you:   |   |                                       |  |
| <b><u>Race/Ethnicity:</u></b>  | <b><u>Marital Status:</u></b>                   | <b><u>Gender:</u></b>                 | <b><u>Citizenship:</u></b>                     |
| <input type="checkbox"/> American Indian/Alaskan Native                              | <input type="checkbox"/> Single (never married) | <input type="checkbox"/> Male         | <input type="checkbox"/> U.S. Citizen          |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> Married                | <input type="checkbox"/> Female       | <input type="checkbox"/> Permanent Residence** |
| <input type="checkbox"/> Black/African American                                      | <input type="checkbox"/> Divorced               | <input type="checkbox"/> Other: _____ | <small>**Residence Card Required.</small>      |
| <input type="checkbox"/> Hispanic  | <input type="checkbox"/> Separated              |                                       |  |
| <input type="checkbox"/> White   | <input type="checkbox"/> Widowed                |                                       |  |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander (please specify): _____ |   |                                       |  |
| Are you Hispanic/Latino?   | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No           |  |
| Do you speak English as a Second Language?   | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No           |  |

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## ACADEMIC INFORMATION

### College Grade Level:

- Freshmen (1<sup>st</sup> semester, never attended college)  
 Freshmen (attended before; # of credits: \_\_\_\_\_)  
 Sophomore (30-59 credit hours earned)  
 Junior (60-89 credit hours earned)  
 Senior (90 + credits earned)

### Highest Level of Education:

- High School Diploma (Year: \_\_\_\_\_, School: \_\_\_\_\_)  
 GED (Year: \_\_\_\_\_, Institution: \_\_\_\_\_)  
 Associate's Degree: (Year: \_\_\_\_\_, Institution: \_\_\_\_\_)  
 Transfer Student (Year: \_\_\_\_\_, Institution: \_\_\_\_\_)

### Services I am interested in:

- Academic Tutoring    Advise & Assistance in course selection    Assistance in completing Financial Aid Application (FAFSA)  
 Career Exploration    Cultural Activities    Financial & Economic Literacy/Financial Planning  
 Financial Aid Programs & Benefits    Graduate & Professional Program    Study Skills Workshops/Information

### Educational Goals:

- Bachelor's Degree   Major: \_\_\_\_\_    Undecided  
 Master's Degree   Minor: \_\_\_\_\_  
 Transfer to another institution:   Cumulative GPA: \_\_\_\_\_    N/A (new student)  
(specify when: \_\_\_\_\_)   Expected UOG Graduation Date: \_\_\_\_\_

### Anticipated Attendance:

- Full Time  
 Part Time

Have you previously participated in a TRiO program?    Yes (Where: \_\_\_\_\_)    No

## PROGRAM ELIGIBILITY

### First Generation:

Has either of your parents or legal guardian received a baccalaureate degree?    Yes    No  
 Mother    Father   Name of Institution: \_\_\_\_\_

### Dependent/Independent Status:

The federal government uses the following criteria to determine **INDEPENDENT** student status. Please check **all** that apply to you:

- 24 years of age or older (before December 31 of this year)    Married  
 Have dependent child (ren)    Currently Homeless  
 Emancipated Minor or in legal guardianship    Foster Youth  
 Active in U.S. Armed Forces    Military Veteran

**If you DID NOT CHECK any of the above, you are considered a DEPENDENT student and MUST submit your parent's or legal guardian's signed Federal Income Tax Return for 2014. Otherwise, you are considered INDEPENDENT and MUST submit your signed Federal Income Tax Return for 2014.**

### Financial Information:

**TAXABLE INCOME:** It is very important that you indicate TAXABLE INCOME and not total income or adjusted gross income. Taxable income is reported on: **line 43 of 1040 Form; line 27 of 1040A Form; or line 6 of 1040EZ Form.**

If you did not file a 2014 Federal Income Tax Return, please provide one of the following:

1. A copy of your 2015-2016 Student Aid Report (SAR),
2. Verification of monthly benefits from appropriate agency, or
3. Signed statement from parent or legal guardian stating yearly income, source of income and current number in household.

**FAMILY SIZE:** Includes your parents (if you live with them), yourself, siblings and any other person supported by your parents. If you are independent, include yourself, spouse, children and other person supported by you.

Who claim you for income tax purposes for 2014?  Parent  self  Did not file/No taxable income in 2014

Your family's taxable income for 2014: (This is not total income or adjusted gross income)  Family size reported: (Number in household including self)

Financial Aid Status: (Check all that apply)  
 Applied for Financial Aid (FAFSA)  Approved for Financial Aid (Received SAR)  Not approved for financial aid  
 Did not apply/Not eligible  On Financial Aid warning or suspension  Other Financial Assistance: \_\_\_\_\_

Financial Aid Assistance:  
 Pell Grant  Federal Work Study  Loan  SEOG  VA  Others: \_\_\_\_\_  
Are you receiving non-federal financial assistance or scholarships?  Yes (Specify: \_\_\_\_\_)  No

How did you learn about TRiO Student Support Services Program?  
 TRiO SSS Staff  TRiO SSS Participant  UOG Staff/Faculty  Friend  Family  Others: \_\_\_\_\_

**RELEASE OF INFORMATION/PHOTO/MEDIA**

*I certify the information I provided on this application is, to the best of my knowledge, true and accurate. By applying to this program, I hereby authorized TRiO Student Support Services to access information pertinent to my participation from other University of Guam departments or offices. I understand that completing this application does not guarantee my admission to TRiO SSS program.*  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF INFORMATION:**  
I, \_\_\_\_\_, hereby authorize UOG TRiO Student Support Service (SSS) to gather information concerning my admission application, placement scores, academic records/progress, grades, demographic information, financial aid status/award, transcript, and grade point average prior to, during and after my participation in the program. I understand that this information is used to assist in the determination of my academic need, eligibility for the program, academic progress while attending UOG and tracking after leaving the program. I understand the information obtained will be kept strictly confidential. I grant permission for UOG TRiO SSS to obtain information for follow-up whenever appropriate. I am aware that my information will be reported to the U.S Department of Education in accordance with the grant funding regulations.  
**I herby certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide further documentation (s) upon request to verify the information reported.**  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO/MEDIA RELEASE:**  
I, \_\_\_\_\_, hereby give TRiO Student Support Service (SSS) and University of Guam the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use my name, photo or video in all forms and media and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes, and waive any right to inspect or approve the finished version (s), including written copy that may be created in connection therewith. This authorization and release covers the use of said materials in any published or broadcast form. I verify that I am at least 18 years of age, I have read this release and am fully aware of the contents.  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## NEEDS/SERVICE ASSESSMENT SURVEY

**As a student I want to develop and or improve the following areas:** (check all that apply)

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> A plan for college courses | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Math Skills               | <input type="checkbox"/> Note Taking Skills | <input type="checkbox"/> Public Speaking Skills |
| <input type="checkbox"/> Reading Skills             | <input type="checkbox"/> Writing Skills  | <input type="checkbox"/> Study Habits/Study Skills | <input type="checkbox"/> Test Taking Skills | <input type="checkbox"/> Transfer Assistance    |
| <input type="checkbox"/> Time Management Skills     |  |  |   |   |

**How would you describe yourself as a student?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Difficulty meeting new people           | <input type="checkbox"/> Change major more than one time       | <input type="checkbox"/> Conflict with a professor           |
| <input type="checkbox"/> Difficulty meeting deadlines            | <input type="checkbox"/> Afraid of failing in college          | <input type="checkbox"/> Panic during tests                  |
| <input type="checkbox"/> Difficulty with public speaking         | <input type="checkbox"/> Registered for too many classes       | <input type="checkbox"/> Out of school too long              |
| <input type="checkbox"/> Difficulty prioritizing                 | <input type="checkbox"/> Not prepared for college course level | <input type="checkbox"/> Difficulty managing my money        |
| <input type="checkbox"/> Difficulty understanding course content | <input type="checkbox"/> Limited computer/internet experience  | <input type="checkbox"/> Difficulty managing school and work |
| <input type="checkbox"/> Difficulty participating in discussions |  |  |

**What obstacles would most likely prevent you from completing your educational goals?**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Afraid to speak up in class  | <input type="checkbox"/> Easily distracted              | <input type="checkbox"/> Poor study habits         | <input type="checkbox"/> Too shy        |
| <input type="checkbox"/> Alcohol and/or drug problems | <input type="checkbox"/> Family medical problems        | <input type="checkbox"/> Problem(s) at home        | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Always feeling tired         | <input type="checkbox"/> Feeling depressed              | <input type="checkbox"/> Recurring health concerns |   |
| <input type="checkbox"/> Always worrying              | <input type="checkbox"/> Lack of money                  | <input type="checkbox"/> Taking the wrong classes  |   |
| <input type="checkbox"/> Bad grades                   | <input type="checkbox"/> No support from family/friends | <input type="checkbox"/> Test anxiety              |   |

**The following areas is what I would NEED assistance in:**

**Academic:**

- Academic Graduation Plan
- Course selection
- Selecting a major
- Tutoring in \_\_\_\_\_

**Personal:**

- Anxiety
- Depression
- Embracing Diversity
- Motivation
- Organization/Prioritizing
- Relationships
- Stress Management
- Substance Abuse
- Time Management

**Career:**

- Job Search
- Interview
- Resume
- Internship

**Financial:**

- FAFSA application and Benefits
- Grants/Scholarships
- Loans
- Personal Budget Planning

**How do you rate your skills in the following areas?**

| Skills       | Excellent                | Above Average            | Average                  | Fair                     | Poor                     |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Math         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Study Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Describe personal weakness which you hope to improve on:**

**Describe a personal strength which you feel will help you become a successful student:**

**Describe your plans after graduating from University of Guam:**