



**PROGRAM
YEAR
2024-2025**

APPLICATION INSTRUCTIONS

TRiO Student Support Services is a federally funded program through the 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 the TRiO SSS office at the University of Guam Field House, 2nd floor. For more information, you may contact us at 671-735-2248/58.

**Office Use:
ID, FG, FGLI, LI**

Before submitting your application to the program, make sure you have the following:

- Completed TRiO SSS Application
- Signed copy of most recent Federal Income Tax Return/Form
- Current class schedule
- Valid passport or birth certificate
- Verification of Disability (if applicable)
- Complete *Needs Assessment Survey* (Located on last page)

DEMOGRAPHIC INFORMATION:

Full Name:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Date of Birth:	SSN:	UOG Student ID No.:
Address:		
<i>Street or P.O. Box</i>	<i>City</i>	<i>State</i>
		<i>Zip Code</i>
Home Phone:	Cell Phone:	
E-mail Address:	UOG Triton E-mail Address:	

RACE/ETHNICITY:	MARITAL STATUS:	GENDER:	CITIZENSHIP:
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander (specify): _____	<input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> U.S. Citizenship <input type="checkbox"/> Permanent Residence** <input type="checkbox"/> Other: _____ **Residence card required**
Do you speak English as a second language?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

ACADEMIC INFORMATION

COLLEGE GRADE LEVEL:	HIGHEST LEVEL OF EDUCATION:
<input type="checkbox"/> Freshmen (1 st semester, never attended college) <input type="checkbox"/> Freshmen (attended before, # of credits: _____) <input type="checkbox"/> Sophomore (30-59 credit hours earned) <input type="checkbox"/> Junior (60 – 90 credit hours earned) <input type="checkbox"/> Senior (90+ credit hours earned)	<input type="checkbox"/> High School Diploma: Year: _____ School: _____ <input type="checkbox"/> GED: Year: _____ Institution: _____ <input type="checkbox"/> Associate's Degree Year: _____ Institution: _____ <input type="checkbox"/> Transfer Student (last attended) Year: _____ Institution: _____

SERVICES THAT I AM INTERESTED IN:

<input type="checkbox"/> Academic Tutoring <input type="checkbox"/> Advice & Assistance in Course Selection <input type="checkbox"/> Assistance in Completing Financial Aid Application (FAFSA) <input type="checkbox"/> Career Exploration <input type="checkbox"/> Cultural Activities	<input type="checkbox"/> Financial Aid Programs & Benefits <input type="checkbox"/> Financial & Economic Literacy/Financial Planning <input type="checkbox"/> Graduate & Professional Program <input type="checkbox"/> Study Skills Workshops/Information
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EDUCATIONAL GOALS:

<input type="checkbox"/> Bachelor's Degree Major: _____ Minor: _____ Undecided _____ <input type="checkbox"/> Master's Degree <input type="checkbox"/> Transfer to another institution (specify when): _____	Cumulative GPA: _____ <input type="checkbox"/> N/A (new student) Anticipated attendance: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Expected UOG graduation date: _____ Have you previously participated in any TRiO Programs: <input type="checkbox"/> Yes (where): _____ <input type="checkbox"/> No
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PROGRAM ELIGIBILITY

FIRST GENERATION:

Has either of your parents or legal guardians received a Baccalaureate Degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother, Name of Institution: _____ <input type="checkbox"/> Father, Name of Institution: _____
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DEPENDENT/INDEPENDENT STATUS: The federal government uses the following criteria to determine **INDEPENDENT** student status. Please *check all that apply* to you:

<input type="checkbox"/> Have you completed a bachelor's degree? <i>(If so, you are not eligible for SSS)</i> <input type="checkbox"/> 24 years of age or older <input type="checkbox"/> Have dependent child/ren <input type="checkbox"/> Emancipated minor or in legal guardianship <input type="checkbox"/> Serving Active Duty in U.S. Armed Forces	<input type="checkbox"/> Married <input type="checkbox"/> Currently homeless <input type="checkbox"/> Foster youth <input type="checkbox"/> Veteran of US Armed Forces
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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 latest signed Federal Income Tax Return/Form. Otherwise, you are considered **INDEPENDENT** and **MUST** submit your latest signed Federal Income Tax Return/Form.

FINANCIAL INFORMATION:

TAXABLE INCOME: It is very important that you indicate **TAXABLE INCOME**, not the total income or adjusted gross income. Taxable income is reported on: **Form 1040** U.S. Individual Income Tax Return, **line 15**.

If you are not able to provide a signed Federal Income Tax Return/Form, provide one of the following:

- 1.) A signed copy of your **2024-2025** 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: This is the number of exemptions claimed on the Federal Income Tax Return/Form, including your parents, yourself, siblings and any other person reported on the form. If you are independent, include yourself, spouse, children and any other person supported by you.

Who claimed you for income tax return purposes? Parent Self Did not file/No taxable income

Your family's most recent taxable income: \$

Family size reported (*number of exemptions claimed*):

**Federal TRIO Programs
Current-Year Low-Income Levels
(Effective January 11, 2024 until further notice)**

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$22,590	\$28,215	\$25,965
2	\$30,660	\$38,310	\$35,250
3	\$38,730	\$48,405	\$44,535
4	\$46,800	\$58,500	\$53,820
5	\$54,870	\$68,595	\$63,105
6	\$62,940	\$78,690	\$72,390
7	\$71,010	\$88,785	\$81,675
8	\$79,080	\$98,880	\$90,960

For family units with more than eight members, add the following amount for each additional family member: \$8,070 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$10,095 for Alaska; and \$9,285 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 17, 2024 and are effective as of January 11, 2024.

FINANCIAL AID STATUS (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Applied for Federal Student Aid (FAFSA) | <input type="checkbox"/> Not approved for Financial Aid |
| <input type="checkbox"/> On Financial Aid probation/suspension | <input type="checkbox"/> Did not apply/Not eligible |
| <input type="checkbox"/> Approved for Financial Aid (Received SAR) | <input type="checkbox"/> Other Financial Aid Assistance: _____ |

FINANCIAL AID ASSISTANCE:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Pell Grant | <input type="checkbox"/> Student Loan | <input type="checkbox"/> VA Benefits |
| <input type="checkbox"/> Federal Work Study | <input type="checkbox"/> SEOG | <input type="checkbox"/> Others: _____ |

Are you receiving non-federal financial aid assistance or scholarships? Yes No Specify: _____

HOW DID YOU LEARN ABOUT TRiO STUDENT SUPPORT SERVICES PROGRAM?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> TRiO SSS Staff | <input type="checkbox"/> Family | <input type="checkbox"/> Friend |
| <input type="checkbox"/> UOG Staff/Faculty | <input type="checkbox"/> TRiO SSS participant | <input type="checkbox"/> Other: _____ |

RELEASE OF INFORMATION/MEDIA

PRIVACY ACT INFORMATION:

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that the Department of Education is authorized to collect information to implement the Student Support Services Program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, Sec. 402D). In accordance with this authority, the Department receives and maintains personal information on participants in the Student Support Services program. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. The information that is collected on this form will be retained in the program files and may be released to U.S. Department of Education officials in the performance of their official duties as defined by federal law.

RELEASE OF INFORMATION/MEDIA:

By signing this document, I grant permission to University of Guam TRiO Student Support Services (SSS) to track all my academic progress at UOG. I hereby authorize the release of my student academic and financial aid records for the SSS professional staff to use to discuss with me and if appropriate my instructor in order to better assess my academic progress. Such records include, placement test scores, academic records/progress reports, course grades, transcript, GPA, demographic information, and financial aid status/award. I understand that my instructors may be contacted during the semester to evaluate my class progress. These evaluations will be available to me upon request. 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.

In addition, I hereby give my permission for release of my data, photograph, work and/or statements to be used by UOG TRiO SSS for award recognition, reporting, promotional, or publicity purposes.

I am aware that my information will be reported to the U.S. Department of Education in accordance with the grant funding regulations.

If found eligible for UOG TRiO SSS, I agree to actively participate in the program, and I certify that the information I provided in this application is correct to the best of my knowledge.

I understand that completing this application does not guarantee my admission to the UOG TRiO SSS Program.

Student Signature: _____

Date: _____

NEEDS 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"/> Public speaking skills
<input type="checkbox"/> Test taking skills
<input type="checkbox"/> Computer skills | <input type="checkbox"/> Reading skills
<input type="checkbox"/> Transfer assistance
<input type="checkbox"/> Math skills
<input type="checkbox"/> Writing skills | <input type="checkbox"/> Time management skills
<input type="checkbox"/> Note taking skills
<input type="checkbox"/> Study habits/skills |
|---|--|--|

How would you describe yourself as a student?

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

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

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

The following areas is what I would NEED assistance in:

- | | | |
|---|---|---|
| Academic:
<input type="checkbox"/> Academic graduation plan
<input type="checkbox"/> Course selection
<input type="checkbox"/> Selecting a major
<input type="checkbox"/> Tutoring in:
Financial:
<input type="checkbox"/> FAFSA application & benefits
<input type="checkbox"/> Grants/scholarships
<input type="checkbox"/> Loans | <input type="checkbox"/> Personal budget planning
Personal:
<input type="checkbox"/> Anxiety
<input type="checkbox"/> Depression
<input type="checkbox"/> Embracing diversity
<input type="checkbox"/> Motivation
<input type="checkbox"/> Organization/Prioritization
<input type="checkbox"/> Relationships | <input type="checkbox"/> Stress management
<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Time management
Career:
<input type="checkbox"/> Job search
<input type="checkbox"/> Interview
<input type="checkbox"/> Resume
<input type="checkbox"/> Internship |
|---|---|---|

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 a 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: