

APPLICATION/ELIGIBILITY FORM  
TRIO STUDENT SUPPORT SERVICES  
APPALACHIAN STATE UNIVERSITY

The TRIO Student Support Services Program is a federally funded program through the Department of Education. We are required to have on file certain information about our students. This information includes family income, first generation college status, and disability status. Therefore, it is very important that you complete the following information and return this form to Student Support Services as soon as possible. **PLEASE INCLUDE A SIGNED COPY OF YOUR PARENT'S 2024 TAX RETURN WITH THE STUDENT'S NAME LISTED ON THE RETURN.** Please contact us if your parent's did not file taxes this year or if they received Social Security Income.

**\*FOR CONFIDENTIAL REASONS, DO NOT EMAIL TAX FORMS\***

The information will be held in strict professional confidence and will only be used to meet the program guidelines imposed by the Department of Education.

CONTACT AND BASIC INFORMATION

Application Date: \_\_\_\_\_ Full Legal Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Check only one:  U.S. Citizen OR  Permanent Resident OR  Other: \_\_\_\_\_

Check all that apply:  Prefer Not to Answer  American Indian/Alaska Native  Asian  Black or African American  
 Latino or Hispanic  White  Pacific Islander  More than one race Other: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Student's @appstate.edu Email: \_\_\_\_\_ Banner ID Number: \_\_\_\_\_ Intended Major: \_\_\_\_\_

Do you have a documented disability?\*  Prefer Not to Answer  Yes  No

*\*An individual with a documented disability as defined in section 12102 of the Americans with Disabilities Act Status <https://www.ada.gov/law-and-regs/ada/>; TRIO federal guidelines require that 1/3 of TRIO SSS students with disabilities must also qualify for the program as being low-income.*

If Yes, please include hard copy documentation of your disability (see options below). Check which option you are providing:

High School IEP  High School 504  Doctor's note stating you have a disability (specific disability does not need to be listed)

FIRST GENERATION CRITERIA:

- a. Does your mother have a bachelor's degree?  Yes  No  
b. Does your father have a bachelor's degree?  Yes  No

INCOME INFORMATION

**INCOME CRITERIA:** Please write in the following information using **your parents' signed 2024 tax return** (all information refers to family income) **and include a copy of your parents' Tax Form 1040:**

Total Amount of *Taxable Income*: \_\_\_\_\_ (line 15 on 1040 tax form)

Number of people in household: \_\_\_\_\_

Did your parent(s) file as (check one):  Married, filing jointly  Married, filing separate return  Single or head of household

**My signature below indicates that all information above is true and accurate. I give permission for the TRIO Student Support Services Program to receive copies of my grades and financial aid information for advising purposes; to verify my program eligibility; and to fulfill program reporting requirements.**

Student's Full Name (PLEASE PRINT) \_\_\_\_\_

Student's Address \_\_\_\_\_

Student's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent's/Legal Guardian's Signature (required): \_\_\_\_\_