

**Hi Fresno State Students,**

**If you are planning to join TRiO Student Support Services Program for the 2014-2015 academic year, we will need the following documents to determine your eligibility. These documents will need to be submitted and reviewed before the Fall 2014 orientation appointment can be made.**

**An applicant must have the following items completed and submitted before they are assigned an orientation date and time:**

**\* A completed TRiO Student Support Services' application. All information needs to be filled in.**

**\* Personal Statement questions answered and submitted along with completed application.**

**\* Submit a copy of 2013 tax records/or public benefits award letter with your completed application and Personal Statement.**

**All required documentations will need to be submitted to Kimberly Hughes by May 23, 2014. She is located at the TRiO Program Office in the Frank W. Thomas Building, Room 122. If you have any questions, please call Kimberly @ 559.278.5725.**

**Eluterio L. Escamilla  
TRiO SSSP Director**

**Student Support Services  
2014-2015 APPLICATION**

5241 N Maple Ave., Thomas Bldg 122, M/S TA 35, Fresno, CA 93740-8027  
(559) 278-5725  
<http://www.csufresno.edu/ss>

Date: \_\_\_\_\_

**GENERAL INFORMATION**

1. Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle)

2. Social Security # **(Required)** \_\_\_\_\_ Student ID#: \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Local Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. CSUF Email Address: \_\_\_\_\_ @mail.fresnostate.edu

6. Cell Phone #: ( ) \_\_\_\_\_ 7. Permanent Phone #: ( ) \_\_\_\_\_

8. Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 9. Sex:  Male  Female

11. Are you a US Citizen?  Yes  No **(If no, please complete #12, check your status, and  
PROVIDE A COPY OF YOUR I.N.S. CARD.**  
If yes, please skip to #14.)

12.  Permanent Resident Registration card#: \_\_\_\_\_  
 Nonresident Alien Registration card#: \_\_\_\_\_

13. What is your birthplace? State \_\_\_\_\_ Country \_\_\_\_\_

14. PLEASE ANSWER YES OR NO TO EACH OF THE FOLLOWING QUESTIONS:

First Generation  Yes  No

Did either of your parents graduate from a four-year college?  Yes  No

Low Income (Federal guidelines go to: <http://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html>)  Homeless?

Disabled: Do you have a physical or learning disability?  Yes  No

Are you registered with Services for Students with Disabilities at CSUF:  Yes  No

15. Please circle the highest year in school/college completed by your parents or guardian:

**Mother:** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+ **Father:** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

16. First language spoken: \_\_\_\_\_

17. **Ethnic Identity** (Please enter the code for your group): \_\_\_\_\_ (# & letter if applicable)

1 = American Indian or Alaska Native

2 = Asian Specify: a) Chinese \_\_\_\_ b) Japanese \_\_\_\_ c) Korean \_\_\_\_ d) Filipino \_\_\_\_ e) SE Asian \_\_\_\_  
f) Hmong \_\_\_\_ g) Cambodian \_\_\_\_ h) Vietnamese \_\_\_\_ i) Thai \_\_\_\_

3 = Black or African-American

4 = Hispanic or Latino Specify: a) Mexican/American \_\_\_\_ b) Mexican \_\_\_\_ c) Central American \_\_\_\_  
d) South American \_\_\_\_ d) Cuban \_\_\_\_ e) Puerto Rican \_\_\_\_  
f) Other Latino, Spanish origin, Hispanic \_\_\_\_

5 = White

6 = Native Hawaiian or other Pacific Islander Specify: a) Hawaiian \_\_\_\_ b) Pacific Islander \_\_\_\_  
c) Guam \_\_\_\_ d) Samoan \_\_\_\_ e) Filipino \_\_\_\_

**ACADEMICS:**

- 18. Declared Major: \_\_\_\_\_, or Undeclared:  Yes  No
- 19. How did you hear about the SSS Program? Referral Source: \_\_\_\_\_
- 20. Please check all that apply on the table below:

Have you applied for, or participated in the following programs? (Please check *all* that apply). **(You are not eligible for Student Support Services if you select Educational Opportunity Program (EOP)).**

<input type="checkbox"/> Educational Opportunity Program (EOP)	<input type="checkbox"/> Services to Students with Disabilities (SSD)
<input type="checkbox"/> Renaissance Scholars Program (RSP)	<input type="checkbox"/> University Migrant Services/CAMP
<input type="checkbox"/> MESA Engineering Program (MEP)	<input type="checkbox"/> Educational Talent Search <i>TRiO</i>
<input type="checkbox"/> Health Careers Opportunity Program (HCOP)	<input type="checkbox"/> Upward Bound/ELL Upward Bound <i>TRiO</i>
<input type="checkbox"/> Foster Care/Independent Financial Aid Status <input type="checkbox"/> Other: _____	

**HIGH SCHOOL &/or TRANSFER INFORMATION:** (Please answer all fields)

- 21. First semester enrolled at CSUF:  Fall  Spring  Summer **Year** \_\_\_\_\_
- 22. How many college units have you completed? \_\_\_\_\_
- 23. Name of college or universities previously attended: \_\_\_\_\_
- 24. Name of high school attended: \_\_\_\_\_

**FINANCIAL INFORMATION:**

- 25. Did you file a Free Application for Federal Student Aid (FAFSA) for the most recent academic year?  
 Yes  No
- 26. **List the taxable income of parent(s) (or guardians) from the 2013 Year Federal 1040 Tax Return** (or the 1040 EZ Form or the 1040 A Form) below:  
 Father: 2013 Income: \_\_\_\_\_ Mother: 2013 Income: \_\_\_\_\_  
 Self: 2013 Income: \_\_\_\_\_ Your spouse: 2013 Income: \_\_\_\_\_

**(If you are under 25 yrs of age, please attach parents & students most recent tax return. Most recent tax returns are required prior to TRiO selection and will be required in order to attend orientation. Counselors: please attach before submitting).**

- 27. Total size of your parent(s) (or guardians) household, including yourself, parent(s), siblings, or other dependents in your family: \_\_\_\_\_

**NEEDS ASSESSMENT:**

- 28. What TRIO SSS program assistance do you desire or think you will need to succeed in college?
 

<input type="checkbox"/> Selecting a Major	<input type="checkbox"/> Reading
<input type="checkbox"/> Selecting a Career	<input type="checkbox"/> Taking Notes
<input type="checkbox"/> Academic Advising	<input type="checkbox"/> Taking Tests
<input type="checkbox"/> Financial Aid Advising	<input type="checkbox"/> Stress Management
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Managing Time
<input type="checkbox"/> Writing Papers/Essays	<input type="checkbox"/> Study Groups for Classes
<input type="checkbox"/> Graduate School Information	<input type="checkbox"/> Dealing with Personal/Family Issues
<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Other: _____

**EQUAL OPPORTUNITY:**

Thank you for applying to the **TRiO Student Support Services (SSS)** program. The U.S. Department of Education provides **TRiO** funding for the **SSS** grant. **TRIO SSS** applicants will be considered without regard to race, color, religion, national origin, sexual orientation, marital status or disability.

**DECLARATION:**

Any incorrect information given on this application will affect your eligibility for services from the SSS Program. Pursuant to 20 USA 1231a of the U.S. Department of Education, **TRIO Student Support Services** has the responsibility to request from the applicant and/or guardians any supporting documents to determine eligibility into the program. The information is protected by the privacy act and is kept personal and confidential. No one may see the information unless they work with, or for, **TRIO Student Support Services**, or are specifically authorized to see it. The information is necessary to determine if the applicant is eligible to participate in **TRIO Student Support Services**, and helps the program measure the applicant's success. I certify that I have read and agree to the conditions outlined in the statement above. I, the undersigned, declare under penalty of perjury that all the information reported on this application is true, complete and accurate to the best of my knowledge. I understand that any incorrect information on this application may affect my eligibility to receive services from the **TRIO SSS** program. I hereby authorize any school, college or university to release any academic or financial aid information from my files that is requested by **TRIO Student Support Services**. I hereby grant permission for my image to be used in relation to **TRIO SSS** activities, which could take the form of a photograph, video, and/or be used on the **TRIO SSS** website accessible on the World Wide Web (internet). I understand that only my name and/or image(s) will be used, and under no circumstances will any other personal or confidential information be published.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL STATEMENT FALL 2014**

1. Discuss your personal, educational, and professional goals?

2. Describe one or two challenges or obstacles you have had to overcome, how you overcame them, and what was the outcome(s)?

*I hereby certify that the information provided is true to the best of my knowledge.*

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Print full name and signature

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Date