

Fresno State Students,

If you are planning to join TRIO Student Support Services Program (SSSP) for the 2016-2017 academic year, we will need the following documents to determine your eligibility. These documents will need to be submitted and reviewed before the Fall 2016 SSSP orientation.

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

- * A completed SSSP application. All information needs to be filled in.**
- * Personal Statement questions answered and submitted along with completed application.**
- * Submit a copy of 2015 tax records/or public benefits award letter with your completed application and Personal Statement.**
- * If you did not submit your tax return for 2015, you must complete a self-reporting form.**

All required documentations will need to be submitted ASAP to Jennifer Garzon in order to be considered for Fall 2016 or Spring 2017. You can submit your completed application with the required supporting documents to Jennifer via email at jgarzon@csufresno.edu or in person at the TRIO Program Office located in the Frank W. Thomas Building, Room 111. If you have any questions, please call Jennifer at 559.278.5725.

**Eluterio L. Escamilla
TRIO SSSP Director**

Division of Student Affairs

**Student Support Services Program (SSSP)
2016-2017 APPLICATION**

5241 N Maple Ave., Thomas Bldg 111, M/S TA 35, Fresno, CA 93740-8027
(559) 278-5725
<http://www.csufresno.edu/sss>

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 TRIO Student Support Services Disabilities at CSUF: 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 ____
e) Cuban ____ e) Puerto Rican ____ 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 SSSP? CSU Fresno EOC, CSU Fresno Talent Search, CSU Fresno Upward Bound, CSU Fresno SSD, CSU Fresno SSSD, University Migrant Services, CAMP, University Courtyard, Renaissance Scholars Referral Source or Person: _____
- 20. Please check all that apply on the table below:

Have you applied for, or participated in the following programs?(Please check <i>all</i> that apply). (You are not eligible for Student Support Services Program (SSSP) 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"/> Veteran
<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 2015 Year Federal 1040 Tax Return** (or the 1040 EZ Form or the 1040 A Form) below:
Father: 2015 Income: _____ Mother: 2015 Income: _____
Self: 2015 Income: _____ Your spouse: 2015 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 2016

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.

Print full name and signature

Date