**C:\Users\darlene.samson\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\LPOL1X0E\Vertical M-pulse Logo.tiff**Full, Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application & Eligibility

*TRIO Student Support Services*

*Lommasson Center 180*

*(406) 243-5032 www.umt.edu/triosss*

Date: Griz Card ID #:\_\_790\_\_\_\_\_\_\_\_ Net ID: \_\_\_\_\_\_

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_ Zip: Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_ City: \_\_ Zip: Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_

(home town)

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Citizenship: ⬜ Citizen ⬜ Permanent Resident Birthplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Green Card)

### Enrollment Information: Have you participated in the EOP or TRIO UMontana program? What year?\_\_\_\_\_\_\_

This is my first semester at UM: ⬜ Yes ⬜ No I plan to complete a 4-year degree: ⬜ Yes ⬜ No

I am enrolled in 6+ credits: ⬜ Yes ⬜ No I have completed a 4-year degree: ⬜ Yes ⬜ No

I have attended college before: ⬜ Yes ⬜ No I am enrolled at Missoula College: ⬜ Yes ⬜ No

My Current Major is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian Information:**

Have any of your parents or legal guardians completed a four-year degree? ⬜ Yes ⬜ No

##### Disability Information:

Do you have a documented disability (physical, learning, psychological, or other)? ⬜ Yes ⬜ No

Are you currently registered with UM’s Disability Services for Students? ⬜ Yes ⬜ No

Are you currently working with Vocational Rehab or Veterans Affairs? ⬜ Yes ⬜ No

Would you like assistance to accommodate a disability?\* ⬜ Yes ⬜ No

**\***If ***yes***, please contact Disability Services for Students in Lommasson 154 / phone: 243-2243.**\***

# **Financial Information**

|  |  |
| --- | --- |
| Pell Grant | Work-Study |
| Perkins Loan | Fee waiver |
| Stafford Loan | BIA/Higher Ed |
| Voc. Rehab. | Veterans’ Ben. |
| SEOG | Other: \_\_\_\_\_\_\_\_\_ |

**On 2017 income taxes, I (the student) was:**

**□ Dependent (I am included on my parents’ taxes) □ Independent (I cannot be claimed on someone else’s taxes)**

**Number of people living in parent’s household: \_\_\_\_\_\_**

**Parent’s or your most recent taxable income: ­­­­\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Found on your or your parent’s/individual federal tax return: Form 1040 line 43, or Form 1040 A line 27, for Form 1040EZ line 6.**

|  |  |
| --- | --- |
| **Size of Family Unit** | **Net Income** |
| 1 | $18,210  **Please circle any Financial Aid you are receiving:** |
| 2 | $24,690 |
| 3 | $31,170 |
| 4 | $37,650 |
| 5 | $44,130 |
| 6 | $50,610 |
| 7 | $57,090 |
| 8 | $63,570 |



Self-Assessment

*TRIO Student Support Services*

**Please check all areas that you would like to improve:**

**Financial Aid & Financial Literacy:**

 Filling out FAFSA

 Grants / loans counseling

 Scholarship information

 Personal budgeting

 Understanding credit

**Career planning:**

**** Career interest testing

 Choosing a major

 Resume design

 Interviewing

 Internships

 Job search

 Career information

**Study Skills:**

 Time management & organization

 Test taking/preparation

 Reading speed & comprehension

 Essay and research writing

 Proofreading

 Note taking

 Coping w/ test or math anxiety

**Personal Assistance:**

 Goals/decision making

 Personal counseling

 Drug/alcohol counseling

 Coping with stress

 Child care information

 Health issues

 Disabilities accommodation

**Academic Support**

 Tutoring

 Graduate school advising

 Planning for graduation

 Academic advising

 Improve math skills

 Improve GPA

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Computer Skills:**

 Using software (Word)

 Using Moodle for classes

 Using the internet & e-mail

 Keyboarding

 Computer access

**Please check any of the following that apply to you:**

 I’ve been out of school for more than 5 years

 I’m on academic probation or suspension

 I commute 20 miles or more a day

 I have a history of withdrawals and/or incompletes

 My personal decisions interfere w/ education/career choices

 I am repeating a course to achieve a grade for graduation

 Afraid of failing in college

 Afraid I may not fit in at UM

 My family does not understand college demands

 Easily distracted

 I am Asian

 I am African American

 I am White

 I am of Hispanic or Latino ethnicity

 I am American Indian or Alaska Native

 I am Native Hawaiian or other Pacific Islander

 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I’m a single parent without a support system

 I don’t have a place to live

 I am aging out of foster care

 My high school class had less than 100 students

 I have participated in another TRiO program

(SSS, UB, TS, EOC, Gear Up)

 I earned a GED

 I am a Veteran

TRIO helps students succeed!

***Please write a brief reflection about your background, educational goals, academic strengths/weaknesses, or any other matter you feel will help us understand how TRIO SSS can support you.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Release of Information**

I certify that the information on this application, self-assessment, and release is accurate and complete to the best of my knowledge. I understand that The Department of Education requires social security number reporting as a condition for TRIO participation, and that my social security number will remain private and confidential. I hereby authorize TRIO Student Support Services to obtain any information from my educational record that may be pertinent to my participation in the program, including information from Financial Aid, Admissions, the Registrar, Disability Services, UM employees, and the National Student Clearing House.

**Student Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature Date**