



TRIO Student Support Services

Application & Eligibility

Aber Hall 301 – U of M 406-243-5032



Mission Statement: Promoting Academic and Personal Growth Through Comprehensive Support and Genuine Care.

Full Legal Name: _____ Date: _____
Gender: ☐ M ☐ Non-Bin ☐ F ☐ Other Pronouns: _____

Griz Card ID #: 790 Net ID: _____ Social Security #: _____

Cell Phone: _____

Permanent Address: _____ City: _____ Zip: _____
(Hometown)

Email Address: _____

U.S. Citizenship: ☐ Citizen ☐ Permanent Resident / Birthplace: _____ Birthdate: _____
(Green Card)

Race/Ethnicity: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ White
☐ Native Hawaiian or Pacific Islander ☐ Hispanic/Latino

I have previously applied to TRIO SSS at UM ☐ Yes ☐ No I have earned a 4-year or 2-year degree? ☐ Yes ☐ No

TRIO SSS ELIGIBILITY INFO:

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 Office for Disability Equity (ODE) ☐ Yes ☐ No
Are you currently working with Vocational Rehab or Veterans Affairs? ☐ Yes ☐ No

Financial Information: Did you, or your parents/guardians, file the most recent tax return? Yes No

Did you age out of Foster Care? Yes No On the most recent income tax return, I (the student) was:

☐ Dependent (I am included on my parent/guardian taxes) ☐ Independent (I can't be claimed on another's taxes)

** Dependent students need parent/guardian confirmation signature and submit the application or TRIO will follow-up to confirm the information.

If Dependent, what is your parent's taxable income from their most recent tax return? (Line 15 from the 1040)	If Independent, what is your taxable income from your most recent tax return? (Line 15 on the 1040)
\$	\$

How many family members live in your household? _____

UM Enrollment Information:

This is my first semester at UM: ☐ Yes ☐ No
I am enrolled in 6+ credits: ☐ Yes ☐ No
I have attended college before: ☐ Yes ☐ No
My Current Major is: _____

Parent Email Required: _____

Parent Signature

Date

I plan to complete a 4-year degree: ☐ Yes ☐ No
I have completed a 4-year degree: ☐ Yes ☐ No
I am enrolled at Missoula College: ☐ Yes ☐ No

STUDENT NEEDS ASSESSMENT SURVEY

As a student, I want to: (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Improve general study habits | <input type="checkbox"/> Improve math skills | <input type="checkbox"/> Enhance memory/comprehension |
| <input type="checkbox"/> Improve GPA | <input type="checkbox"/> Improve test taking skills | <input type="checkbox"/> Develop a plan for college courses |
| <input type="checkbox"/> Improve time management skills | <input type="checkbox"/> Improve note taking skills | <input type="checkbox"/> Make informed career decisions |
| <input type="checkbox"/> Reduce math/test anxiety | <input type="checkbox"/> Improve reading comprehension | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Manage financial resources | <input type="checkbox"/> Balance work/school/life | |

What might prevent you from completing your academic goals? Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Study habits | <input type="checkbox"/> No support networks | <input type="checkbox"/> Shy/introverted |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Always feeling tired | <input type="checkbox"/> Alcohol and/or drug use |
| <input type="checkbox"/> Family medical problems | <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Feeling depressed or sad |
| <input type="checkbox"/> Money | <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Always worrying |
| <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Recurring health concerns | <input type="checkbox"/> Housing insecurity |
| <input type="checkbox"/> Separation or Divorce | <input type="checkbox"/> Limited experience with | <input type="checkbox"/> Working too much |
| <input type="checkbox"/> Unsure of Major | Internet/Moodle | <input type="checkbox"/> Single parent |
| <input type="checkbox"/> Problems at home | <input type="checkbox"/> Mental health | <input type="checkbox"/> Out of school too long |

My most important areas which I will need TRIO assistance/support are: (Check all that apply)

Financial:

- ☐ Personal Budget
- ☐ FAFSA
- ☐ Grants/Scholarships
- ☐ Loans

Academic:

- ☐ Course Selection
- ☐ Selecting a Major
- ☐ Mentoring/Coaching
- ☐ Tutoring
- ☐ Study Strategies

Personal Concerns:

- ☐ Stress Management
- ☐ Substance Abuse
- ☐ Relationships/Friendships
- ☐ Anxiety
- ☐ Motivation
- ☐ Time Management
- ☐ Organization/Prioritization
- ☐ Diversity
- ☐ Self esteem

Career:

- ☐ Resume/Cover Letter
- ☐ Job Searching
- ☐ Interviewing
- ☐ Internship
- ☐ Leadership Development
- ☐ Goals/Decision Making

Describe your background and the personal strengths that help you fulfill your academic goals:

TRIO helps students succeed and graduate!

What specific ways do you want TRIO SSS to help you?

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Statement of Verification and Disclosure:

I attest that all the information I provided above is true to the best of knowledge. I give permission for TRIO SSS to verify the information disclosed on this form with the UM Office of Disability Equity, Office of Financial Aid, and The Office of Admissions. I understand that my acceptance into the TRIO SSS program will require my active participation and engagement until graduation. My typed signature represents my authorization and I affirm that the information I provided is accurate.

Student Signature: _____

Date _____

~ Thank You ~