

UAF TRIO Student Support Services Application

Applicant Information

Full Legal Name: _____ Student ID: _____
(4)(Last) (5)(First) (6)(Middle)

Preferred Name: _____ Pronouns: _____ Gender/Identity: _____

Mailing Address: _____
(Street Address or PO Box) (City) (State) (Zip Code)

Cell Phone Number: _____ Preferred Email Address: _____

Preferred Communication Method: _____ Phone _____ Email _____ Text

Who referred you to SSS? _____

Need for Services

Check one or more of the following if they apply to you*:

- ☐ Have attended a high school with fewer than 100 in graduating class
- ☐ Experience limited legal rights, or are on probation/parole
- ☐ Are impacted by the criminal justice system
- ☐ Have been out of the academic pipeline for 5 or more years
- ☐ Have stopped out of college (2 or more semesters) and returning after a break
- ☐ Plan to work 20 or more hours per week during the semester
- ☐ Have defaulted on federal or private student loans
- ☐ You are a single parent with limited support
- ☐ You are on/need access to public assistance (Medicaid, SNAP, TANF, Housing Voucher)
- ☐ Are commuting 20 miles or more one way per day
- ☐ Experience unstable housing or are currently homeless
- ☐ You are aging out of the foster care system

(15) Eligibility Information

Are you a U.S. Citizen or a Permanent Resident with a Green Card?* Yes No

Do you plan to enroll in and pass at least 12 credits in the academic year (fall, spring & summer)?* Yes No

Do you have limited income?*

Yes No

Low income indicators include things like being eligible for the Pell Grant, getting Free/Reduced Price Lunch in High School, accessing public assistance like Medicaid, TANF, SNAP or Housing Vouchers.

Are you a first generation college student?*

Yes No

A first generation college student is a student whose parent(s)/legal guardian(s) have not completed a bachelor's degree in the United States.

Are you admitted to a Bachelor's degree program?*

Yes No

If yes, what program are you admitted to? _____

Do you experience a documented disability?*

Yes No

If yes, are you registered with UAF Disability Services?

Yes No

If you selected "No" to the question above: To better serve our student population, and to meet requirements as a federally funded program, we have partnered with UAF Disability Services to verify disability documentation. Please contact their office at (907) 474 - 5655 to set up your paperwork to be on file for verification. You may also email them at uaf-disability-services@alaska.edu or visit their website at www.uaf.edu/disabilityservices.

I certify that the above information is true and correct:

Signature: _____

Date: _____

