



Student Support Services

A Federally Funded Trio Program at Arkansas Tech University – Ozark Campus

2021 Application

Student Support Services is part of the federal TRIO programs, which are designed to prepare selected students for successful entry into, retention in, and completion of post-secondary education. Student Support Service memberships at ATU – Ozark Campus is based on the following criteria: low income, first generation college student, documented disability, and identifiable academic need.

Last Name	First Name	Middle Name	Student T-Number
Mailing Address			Date of Birth
City	State	Zip	Email Address
Preferred Phone		Preferred Name	

<p>Gender: _____</p> <p>Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Check All that apply:</p> <p><input type="checkbox"/> Native American/Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Native Pacific Islander</p>	<p>Citizenship</p> <p><input type="checkbox"/> US Citizen</p> <p><input type="checkbox"/> Permanent Resident</p> <p style="text-align: right;"><i>Resident Alien</i></p> <p style="text-align: right;"># _____</p> <p><input type="checkbox"/> Other</p> <p>Education</p> <p><input type="checkbox"/> High School Graduate</p> <p><input type="checkbox"/> GED Graduate</p> <p>Year Graduated: _____</p>
<p>Check All that apply to you:</p> <p><input type="checkbox"/> Low High School Grades</p> <p><input type="checkbox"/> Low Admissions Test (ACT, ACCUPLACER)</p> <p><input type="checkbox"/> Low College Grades</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> Failing Grades</p> <p><input type="checkbox"/> Out of School more than 5 years</p> <p><input type="checkbox"/> Limited English Proficiency</p> <p><input type="checkbox"/> Lack of educational/career goals</p> <p><input type="checkbox"/> Lack of academic preparedness</p> <p><input type="checkbox"/> Need for academic support to raise grades</p>	<p>Check services which are of greatest need:</p> <p><input type="checkbox"/> Tutoring</p> <p><input type="checkbox"/> Study Skills</p> <p><input type="checkbox"/> Computer Lab</p> <p><input type="checkbox"/> Financial Aid Info</p> <p><input type="checkbox"/> Career Advising</p> <p><input type="checkbox"/> Academic Advising</p> <p><input type="checkbox"/> Mentoring/Coaching</p> <p><input type="checkbox"/> Cultural Enrichment</p> <p><input type="checkbox"/> Leadership Skills</p> <p><input type="checkbox"/> Transfer Assistance to 4-year program</p>

Eligibility Information

- Did your **MOTHER** graduate with a 4-year college degree?
- Did your **FATHER** graduate with a 4-year college degree?
- Do you have a **documented** physical or learning disability?
- If yes, have you registered with Ozark's ADA Coordinator?

Yes **No** **Unknown**

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | |

How did you learn about TRIO Student Support Services?

<input type="checkbox"/> TRIO Program Participant or Alum	<input type="checkbox"/> Flyers
<input type="checkbox"/> ATU Faculty/Staff	<input type="checkbox"/> Email/text
<input type="checkbox"/> ATU Student	<input type="checkbox"/> Advisor or Faculty: _____
<input type="checkbox"/> ATU Website	<input type="checkbox"/> Other: _____

Student Informed Consent Agreement

I certify that the information I have provided is true and correct to the best of my knowledge. I give my consent for Arkansas Tech University – Ozark Student Support Services program to release and receive academic and/or financial aid information in order to provide appropriate services.

Student Signature

Date

Parent Signature (if student is under 18)

Date

Send completed application materials by email to: Ozark.trio.sss@atu.edu

OR by mail or in person to:

Student Support Services, Student Services Conference Center
1700 Helberg Ln., Ozark, AR 72949



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2020-2021 Application

Income Verification Information:

Student Name: _____ T Number: _____

Taxable Income

All TRIO Applicants are required to report their **most recent** taxable income for 2021 please report 2020 tax information. **Please choose one of the following two options** to verify income:

- Option A – If appropriate, sign the self-reported statement of income below. If you are a dependent your parent/guardian will need to sign this form. We use the same definition of dependent as the FAFSA. **OR**
- Option B – Submit yours (independent student) or your parents' (dependent student) signed 1040 form with social security numbers blacked out (i.e. for 2021 please submit 2020 tax information)

Independent vs Dependent Student

	YES	NO
• Where you born before January 1, 1998	<input type="checkbox"/>	<input type="checkbox"/>
• Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you a veteran of the US Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you currently serving on active duty in the US Armed Forces for purposes other than training?	<input type="checkbox"/>	<input type="checkbox"/>
• At any time since you turned age 13, were both of your parents deceased, were you in foster care, or were you a dependent or ward of the court?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have children who receive more than half of their support from you?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have legal dependents other than a spouse who receive more than half of their support from you?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you an emancipated minor or are you in a legal guardianship as determined by a court?	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "yes" to one or more boxes you, the student should complete the rest of this form. If you checked "no" to **ALL** of the boxes above, have a parent or guardian complete the reminder of this form. For more info on dependency status see

<https://studentaid.gov/apply-for-aid/fafsa/filling-out/dependency>

Number of people in your family (Including yourself): _____

Taxable Income (found on IRS form 1040 line 15 for 2020 tax _____*)

year): I did not file taxes in 2020

*Must enter a number here. If you did not file because your income did not meet income thresholds that require you to file enter "0"

Informed Consent Agreement: I certify that the information I have provided is true and correct to the best of my knowledge.

Name: _____ Role: Student Parent Other: _____

Signature: _____ Date: _____