



# Student Support Services

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

## 2022 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.

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Last Name	First Name	Middle Name	Student T-Number
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Mailing Address	Date of Birth
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City	State	Zip	Email Address
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Preferred Phone	Preferred Name
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<p><b>Gender:</b> _____</p> <p><b>Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Check All that apply:</b></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><b>Citizenship</b></p> <p><input type="checkbox"/> US Citizen</p> <p><input type="checkbox"/> Permanent Resident</p> <p><i>Resident Alien</i></p> <p># _____</p> <p><input type="checkbox"/> Other</p> <p><b>Education</b></p> <p><input type="checkbox"/> High School Graduate</p> <p><input type="checkbox"/> GED Graduate</p> <p><b>Year Graduated:</b> _____</p>
<p><b>Check All that apply to you:</b></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><b>Check services which are of greatest need:</b></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](mailto: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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## 2022 Application

### Income Verification Information:

Student Name: \_\_\_\_\_ T Number: \_\_\_\_\_

#### Taxable Income

All TRIO Applicants are required to report their **most recent** taxable income for 2022 please report 2021 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 2022 please submit 2021 tax information)

#### Independent vs Dependent Student

	YES	NO
• Where you born before January 1, 1999	<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 2021 tax \_\_\_\_\_\*)

year):  I did not file taxes in 2021

\*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: \_\_\_\_\_