



University of Mary
Student Support Services/TRIO
Application

TRIO

Student Success Center
Lower Level Welder Library

(701) 355-8194

Demographic Information

Name: _____
First M.I. Last Former Names/Maiden Name

Campus Address: _____
Hall Name/Apartment & Box OR Number & Street City State Zip

Telephone: (____) _____ Email: _____

Permanent Address: _____
Number & Street City State Zip

Telephone: (____) _____ Home or Message Cell Phone: _____

SS# _____ Student ID# _____ DOB _____
Month/Day/Year

Male Female

Marital Status: Single Married Separated Divorced Widowed

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

Enrollment Information

When did you enroll at the University of Mary? _____

How many credits/hours are you enrolled for? 0-5, PT 6-8, 1/2 time 9-11, 3/4 time 12+, FT

Graduated from H.S. _____ HS GPA: _____ Class Rank: _____ / _____
Month/Year (out of)

Received GED/TABE _____ Attended other colleges/universities? Yes No
Month/Year

Please List:

DATE	INSTITUTION	LOCATION	DEGREE

What is your academic goal?

Bachelor's Degree Major: _____ Master's Degree Transfer Undecided

Financial Aid (check all that you are receiving):

Federal Financial Aid Athletic Scholarship Self Pay Other _____

Eligibility Information (please circle the appropriate answer):

Do you have a Bachelor's Degree? Yes No

Did the parent/guardian with whom you resided with until age 18 complete a Bachelor's degree? Yes No

Do you have a documented physical or learning disability? Yes No

Are you a United States citizen or Resident Alien? Yes No

Do you meet the low income guidelines listed below? Yes No

Are you a foster care youth? Yes No

At any time since you turned 13, were you an orphan, in foster care, a dependent or a ward of the court? Yes No

Family Income Eligibility Table

(Effective January 28, 2015 until further notice) ****Based on Taxable Income.**

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$17,655	\$22,080	\$20,325
2	\$23,895	\$29,880	\$27,495
3	\$30,135	\$37,680	\$34,665
4	\$36,375	\$45,480	\$41,835
5	\$42,615	\$53,280	\$49,005
6	\$48,855	\$61,080	\$56,175
7	\$55,095	\$68,880	\$63,345
8	\$61,335	\$76,680	\$70,515

For family units with more than eight members, add the following amount for each additional family member: \$6,240 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$7,800 for Alaska; and \$7,170 for Hawaii.

I authorize SSS/TRIO to use my name/picture for public recognition as part of the SSS/TRIO program. _____ (initials)

Student Support Services/TRIO is a program designed to help you graduate. The information provided is confidential and will help determine eligibility for the SSS/TRIO program. Discrimination is prohibited on the basis of race, gender, color, national origin, religion, age, disability, marital or parental status, or sexual orientation.

I hereby authorize SSS/TRIO to obtain and share any information pertinent to my participation in the program. This information includes, but is not limited to, financial aid information, standardized test scores, transcripts, and grade reports. I also verify that the information provided on this form is correct and complete to the best of my knowledge.

Student's Signature: _____ Date: _____

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ACT Composite _____ English _____ Math _____ Science _____ Reading _____ SAT _____

Eligibility: FG D LI Verified: _____ Probation: Y N College GPA: _____

Academic Need: _____ Explanation: _____ Mentor: _____

Project Staff Signature: _____ Date: _____