



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

Permanent Address: \_\_\_\_\_  
Number & Street City State Zip

Email: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home or Message

Student ID# \_\_\_\_\_ DOB \_\_\_\_\_  
Month/Day/Year

Male  Female

Marital Status: Single  Married  Separated  Divorced  Widowed

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

**Enrollment Information**

When did you enroll at the University of Mary? \_\_\_\_\_

How many credits/hours are you enrolled in?  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

(Effective January 11, 2024 until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$22,590	\$28,215	\$25,965
2	\$30,660	\$38,310	\$35,250
3	\$38,730	\$48,405	\$44,535
4	\$46,800	\$58,500	\$53,820
5	\$54,870	\$68,595	\$63,105
6	\$62,940	\$78,690	\$72,390
7	\$71,010	\$88,785	\$81,675
8	\$79,080	\$98,880	\$90,960

For family units with more than eight members, add the following amount for each additional family member: \$8,070 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$10,095 for Alaska; and \$9,285 for Hawaii. The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount. The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 17, 2024 and are effective as of January 11, 2024.

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: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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: \_\_\_\_\_