



## PROGRAM APPLICATION

### Personal Information:

Name: \_\_\_\_\_  
*Last First Middle SSN#*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Zip*

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_  
*Home Cell*

Ethnic Origin: \_\_\_\_\_ *American Indian* \_\_\_\_\_ *Asian* \_\_\_\_\_ *Hispanic*  
\_\_\_\_\_ *African American* \_\_\_\_\_ *Caucasian* \_\_\_\_\_ *Other*

Sex: \_\_\_\_\_ *Male* \_\_\_\_\_ *Female* U.S. Citizen: \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

Date of Birth: \_\_\_\_\_ High School Grad: \_\_\_\_\_ Yr or GED: \_\_\_\_\_ Yr

Previous TRiO Participation: If you have participated in either of the following TRiO programs, please circle: UPWARD BOUND, EDUCATIONAL TALENT SEARCH

### ELIGIBILITY:

The following information is requested to determine your eligibility for participation in Student Support Services and to assist our efforts in working with the Financial Aid office on your behalf. All information is held strictly confidential.

#### Educational Level of Your Parents –

Completed a 4-year college degree: \_\_\_\_\_ *Father* \_\_\_\_\_ *Mother* \_\_\_\_\_ *Both* \_\_\_\_\_ *Neither*  
You live with (or lived with until you were 18) \_\_\_\_\_ *Father* \_\_\_\_\_ *Mother* \_\_\_\_\_ *Both*

#### Disability –

Do you have a diagnosed disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain where and when was your disability diagnosed? \_\_\_\_\_

**Financial Status –**

**Did you apply for financial aid for the upcoming academic year by submitting the 2008-2009 FAFSA? Yes \_\_\_\_\_ No \_\_\_\_\_ approximately when did you mail your application?**

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**Please provide the following information from your (or your parent's) current tax return, (same information when filing the FASFA).**

*[Note: If your parents claimed you on their income tax return, please have them complete the following information and sign below. If you are not claimed as an exemption on your parent's tax return, please complete the following information from your own tax return.]*

**ADJUSTED GROSS INCOME** \_\_\_\_\_

**TAXABLE INCOME** \_\_\_\_\_

**NUMBER OF EXEMPTIONS CLAIMED** \_\_\_\_\_



**CERTIFICATION AND RELEASE OF INFORMATION**

***I declare that the information given here is true and correct. I authorize Student Support Services access to my student records, including academic records and financial aid awards.***

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

**Must be signed by applicant, parent or guardian must also sign if providing above income information.**

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**PLEASE RETURN THIS APPLICATION, FULLY COMPLETED, AS SOON AS POSSIBLE TO:**

**NEXUS/Student Support Services  
East Tennessee State University  
PO Box 70714  
Johnson City, TN 37614  
423/439-6187**

