



# STUDENT SUCCESS SERVICES PROGRAM

**Applicant:** \_\_\_\_\_  
Last Name                      First Name                      M.I.                      Social Security Number                      W number

**Address:**

Permanent: \_\_\_\_\_  
Street                      City                      State                      Zip

Laramie Mailing: \_\_\_\_\_  
Street                      City                      State                      Zip

**How may we contact you:**

Cell Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_ Work/Alternate Phone: \_\_\_\_\_

Would you be interested in text message appointment confirmation?  Yes  No

If Yes, Cell Phone Carrier:  AT&T  Union Wireless  Verizon  Other(specify): \_\_\_\_\_

UW Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

**Demographic Information:**

Date of Birth: \_\_\_\_\_ Current age: \_\_\_\_\_ Gender: M / F

Ethnicity:  Hispanic or Latino  
 Non-Hispanic/Latino

Race (check all that apply):  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 White  
 Hawaiian or Other Pacific Islander

**How did you hear about UW Student Success Services?**

- UW Admissions Process
- UW Faculty/Staff (name): \_\_\_\_\_
- UW Orientation
- UW Office (name): \_\_\_\_\_
- TRiO or another grant-funded program:
  - Gear Up (location: \_\_\_\_\_)
  - Upward Bound; Upward Bound Math/Science (location: \_\_\_\_\_)
  - Educational Opportunity Centers (location: \_\_\_\_\_)
  - Student Success Services (location: \_\_\_\_\_)

**Academic Information:**

Current Class Standing: FR SO JR SR Other: \_\_\_\_\_

Have you been accepted to or are you currently enrolled at UW?  Enrolled  Accepted for (term) \_\_\_\_\_

What was your first college enrollment date at UW or at any other institution if you attended elsewhere? \_\_\_\_\_

Major: \_\_\_\_\_ Career Plans: \_\_\_\_\_



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## Eligibility for Program Services

### 1. Citizenship/Residency Status:

Are you a citizen or national of the U.S. Yes No /

If "No," do you meet the residency requirements for Federal student financial assistance? Yes No

*(If your answer to both questions is "No," you are not eligible to join Student Success Services.*

*We encourage you to contact our office to see if we can help you locate other academic services programs.)*

### 2. Degree Status:

Do you currently have a Bachelor's Degree? Yes No

*(If your answer is "Yes," you are not eligible to join Student Success Services.*

*We encourage you to contact our office to see if we can help you locate other academic services programs.)*

### 3. First Generation College Student:

Has your mother **completed** a Bachelor's degree or higher? Yes No Unknown

Has your father **completed** a Bachelor's degree or higher? Yes No Unknown

**4. Income Eligibility:** Please answer the following questions regarding you or your parents' income for last tax year. Upon acceptance in the SSS program, you will be required to submit paperwork to verify the information.

I was claimed on my parents' income tax return. (If so, go to question 1.)

I am 24 years of age or older. (If so, go to question 2.)

I am a veteran. (If so, go to question 2.)

I am married. (If so, go to question 2.)

I have dependents other than a spouse. (If so, go to question 2.)

**Question 1:** What was your **parents' taxable income** (*NOT GROSS INCOME*) on last year's income tax return?

*We will require a parent signature on an Income Verification Form and/or a copy of their most recent tax return.*

Taxable Income in the preceding tax year: \$ \_\_\_\_\_ Receiving a Pell Grant? Yes No

Question 1b: What is the total number of exemptions claimed on the tax return? \_\_\_\_\_

**Question 2:** What was **your taxable income** (*NOT GROSS INCOME*) on last year's income tax return? This information is found on your tax return.

*Your signature on this application indicates that this is an accurate statement of taxable income as reported on your most recent tax return.*

Taxable Income in the preceding tax year: \$ \_\_\_\_\_ Receiving a Pell Grant? Yes No

Question 2b: What is the total number of exemptions claimed on the tax return? \_\_\_\_\_

### 5. Physical, Cognitive, or Psychological Disability

Do you have a physical, cognitive, or psychological disability? Yes No If Yes, please specify: \_\_\_\_\_

*(Upon acceptance into SSS, you will be required to provide documentation of your disability.)*

Are you enrolled in University Disability Support Services? Yes No

Would you like more information about this program? Yes No



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How can the SSS project assist you? Please check all that apply.

- Academic policies
- Academic reading
- Advising and educational planning
- Budgeting
- Career planning
- Choice of major
- Community resources
- Financial aid & scholarship information
- Graduate programs
- Math
- Motivation
- Study skills/strategies
- Test-taking skills
- Working with instructors
- Writing
- Time-management/organizational strategies
- Tutoring (subject): \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

What specific SSS services do you see as being the priority for you at this time? \_\_\_\_\_

In the space below, please share why you chose to apply to the SSS program:

### Records Release Statement and Signature:

In order to track the progress of Student Success Services (SSS) participants through their undergraduate career, SSS staff access records and information on current and past academic standing, coursework, interim or final grades, attendance, placement scores, college enrollment status, scholarship or financial aid application and award status, and official or unofficial transcripts. In order to remain compliant to this federally-funded grant, we are required to access and report student educational data including GPA, enrollment status (at UW or elsewhere), degree status, income and/or first generation status, and social security number with the US Department of Education.

I authorize the SSS Program office to obtain information on my financial aid and academic records, including enrollment in and progress toward degree for any institution in which I enroll, for grant reporting purposes. I understand that this information is to be used for appraising the effectiveness of the SSS program and services, increasing the effectiveness of the program, to maintain active grant status, and to determine current and future participation status.

▶ \_\_\_\_\_  
Print Name (First, Last)

▶ \_\_\_\_\_  
Student Signature

\_\_\_\_\_ Date

**Fax to:** (307) 766-4010  
**Email to:** [sss@uwyo.edu](mailto:sss@uwyo.edu)  
**Deliver:** Dept 3808  
 1000 E. University Ave  
 Laramie, WY 82071



# STUDENT SUCCESS SERVICES PROGRAM

## Verification of Parental Income

Funding for the Student Success Services program is provided by the U.S. Department of Education. The USDE requires proof that funds are serving those for whom they are intended. For that reason, documentation of your eligibility status is required.

This information will not be shared with any sources outside of the Student Success Services office.

\* See the back of this form for an income-eligibility guideline chart. **Falling above these guidelines does NOT eliminate you from our program.**

Student claimed as dependent: \_\_\_\_\_  
Last Name First Name

1) Parents' taxable income for the **2016 TAX YEAR** was:

Form 1040 – Line 43 \$ \_\_\_\_\_

or

Form 1040A – Line 27 \$ \_\_\_\_\_

or

Form 1040EZ – Line 6 \$ \_\_\_\_\_

2) Total number of exemptions claimed on parents'/guardians' return:

Form 1040 and Form 1040A – Line 6d: \_\_\_\_\_

Form 1040 EZ – not applicable

I understand that this information is confidential and is used to verify program eligibility requirements only, and will not be used or released for any other purpose. I certify that this information is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Date



# STUDENT SUCCESS SERVICES PROGRAM

## \* Income-Eligibility Chart

Funding for the Student Success Services program is provided by the U.S. Department of Education. The USDE requires proof that funds are serving those for whom they are intended. For that reason, documentation of your eligibility status is required.

If the TAXABLE INCOME (not adjusted gross income) on your income tax form is less than the amount shown on the chart below, you are considered income-eligible. Taxable income above these guidelines does not necessarily eliminate you from qualifying for our program.

### Federal TRIO Programs Current-Year Low-Income Levels

(Effective **January 31, 2017** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,090	\$22,590	\$20,790
2	\$24,360	\$30,435	\$28,005
3	\$30,630	\$38,280	\$35,220
4	\$36,900	\$46,125	\$42,435
5	\$43,170	\$53,970	\$49,650
6	\$49,440	\$61,815	\$56,865
7	\$55,710	\$69,660	\$64,080
8	\$61,980	\$77,505	\$71,295

For family units with more than eight members, add the following amount for each additional family member: \$6,270 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$7,845 for Alaska; and \$7,215 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 31, 2017.