

## SSS PROVIDES THE FREE RESOURCES YOU NEED FROM ENROLLMENT TO GRADUATION!



Student Success Services is open to students who are U.S. citizens, pursuing their first bachelor's degree, and meet one or more of the following requirements:

- **First-Generation College Student**
  - Student's parents or legal guardians do not have a bachelor's degree
- **Income does not exceed federal guidelines**
  - Please refer to Income Eligibility table in Application
- **Manages a disability or diagnosis**
  - Student must be connected with Disability Support Services while participating in SSS

### STUDENT SUCCESS SERVICES BENEFITS INCLUDE:

#### ACADEMIC SUPPORT SERVICES

Advisors foster a student-centered and welcoming environment to help program participants navigate the college process.

#### PRIORITY REGISTRATION

Program participants who meet with their advisor twice each semester will qualify for the opportunity to register for classes on the first day the system is available.

#### ACCESS TO FREE TUTORING

In addition to UW tutor offerings, program participants may receive small-group and/or private, specialized tutoring through Student Success Services.

#### ADDITIONAL AID & SCHOLARSHIPS

Program participants may receive assistance with the annual FAFSA form, additional financial aid opportunities, and program exclusive scholarships.

#### FREE CULTURAL EVENTS

Program participants are eligible to attend UW sponsored arts and culture events free of charge, in group or individual settings.

#### CONTACT US / FIND US ONLINE:

Dept. 3808  
Knight Hall 330  
Phone: 307-766-6189  
Fax: 307-766-4010  
[sss@uwyo.edu](mailto:sss@uwyo.edu)  
[www.uwyo.edu/SEO/SSS](http://www.uwyo.edu/SEO/SSS)

**PLEASE SEE PAGE 5 OF THE APPLICATION FOR SUBMISSION INSTRUCTIONS**

## INCOME-ELIGIBILITY CHART

Funding for the Student Success Services program is provided by the U.S. Department of Education. The D-Ed 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 15, 2025, until further notice)*

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$23,475	\$29,325	\$26,985
2	\$31,725	\$39,645	\$36,480
3	\$39,975	\$49,965	\$45,975
4	\$48,225	\$60,285	\$55,470
5	\$56,475	\$70,605	\$64,965
6	\$64,725	\$80,925	\$74,460
7	\$72,975	\$91,245	\$83,955
8	\$81,225	\$101,565	\$93,450

For family units with more than eight members, add the following amount for each additional family member: \$5,500 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$6,880 for Alaska; and \$6,330 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 2025 poverty guidelines are in effect as of January 15, 2025. The Federal Register notice was published January 17, 2025.



Name: \_\_\_\_\_

Last	First	M.I.	W Number
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Permanent: \_\_\_\_\_

Street City State Zip

Laramie Mailing: \_\_\_\_\_

Street City State Zip

Cell Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Ethnicity (required):

☐ Latino [Hispanic]                      ☐ Non-Latino [Non-Hispanic]

Race (please check all that apply):

☐ American Indian or Alaskan Native
 ☐ White or Caucasian  
☐ Asian
 ☐ Hawaiian or Other Pacific Islander  
☐ Black or African American

How did you hear about UW Student Success Services?

☐ UW Admissions / Orientation Process
 ☐ UW Faculty / Staff (name): \_\_\_\_\_

☐ UW First-Generation Scholars (Tri Alpha)
 ☐ UW Office (name): \_\_\_\_\_

☐ TRIO or another grant-funded program:

<input type="checkbox"/> GEAR UP	Location: _____
<input type="checkbox"/> Upward Bound; Upward Bound Math/Science	Location: _____
<input type="checkbox"/> Educational Opportunity Centers	Location: _____
<input type="checkbox"/> Student Success Services	Location: _____

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

Have you been accepted to or are you currently enrolled at the University of Wyoming?

☐ Enrolled at UW    ☐ Accepted for (term): \_\_\_\_\_

Month/Year of first college class at UW: \_\_\_\_\_ or, at another institution? \_\_\_\_\_

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

## D: 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 support 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 support

### 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 (NOTE: This information is required to process your application.):

Please answer the following questions regarding you or your parents' income for the last tax year.

NOTE: Upon acceptance in the SSS program, you will be required to submit paperwork to verify the information.

**Go to Question 1 if "Yes" to the following:**

- ☐ I used my parents' income tax return information for the FAFSA and/or my parents claim me as a dependent on their tax return.

**Go to Question 2 if "Yes" to any of the following:**

- ☐ I am 24 years of age or older
- ☐ I use my personal tax return information for FAFSA
- ☐ I am a veteran
- ☐ I have dependents other than a spouse
- ☐ I am married

#### Question 1:

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

Taxable Income in the preceding tax year: \$ \_\_\_\_\_ Are you receiving a Pell Grant? ☐ Yes ☐ No

1b: What is the total number people listed on the tax return? \_\_\_\_\_

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

#### Question 2:

2a: What was your taxable income (**NOT GROSS INCOME**) on last year's income tax return?

NOTE: This information is found on your tax return.

Taxable Income in the preceding tax year: \$ \_\_\_\_\_ Are you receiving a Pell Grant? ☐ Yes ☐ No

2b: What is the total number people listed on the 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.

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

- ☐ I have a physical, cognitive, or psychological disability.
    - Are you currently enrolled in Disability Support Services? ☐ Yes ☐ No
    - Would you like more information about this program? ☐ Yes ☐ No
- \*Upon acceptance into SSS, you will be required to provide documentation of your disability*



## E: SSS PROGRAMING

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Academic Policies               | <input type="checkbox"/> Financial Aid & Scholarships Information | <input type="checkbox"/> Writing / Research                          |
| <input type="checkbox"/> Academic Reading                | <input type="checkbox"/> Graduate Programs                        | <input type="checkbox"/> Time-management / Organizational Strategies |
| <input type="checkbox"/> Advising & Educational Planning | <input type="checkbox"/> Math                                     | <input type="checkbox"/> Tutoring (subject): _____                   |
| <input type="checkbox"/> Budgeting                       | <input type="checkbox"/> Motivation                               | <input type="checkbox"/> Other (please specify) _____                |
| <input type="checkbox"/> Career Planning                 | <input type="checkbox"/> Study Skills / Strategies                |  |
| <input type="checkbox"/> Choice of Major                 | <input type="checkbox"/> Test-taking Skills                       |  |
| <input type="checkbox"/> Community Resources             | <input type="checkbox"/> Working with Instructors                 |  |

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:

## F: RECORDS RELEASE STATEMENT AND SIGNATURE

To track the progress of Student Success Services (SSS) participants through their undergraduate career, SSS staff will need to access student information. Current and past academic standing, coursework, midterm or final grades, attendance, placement scores, college enrollment status, scholarship or financial aid application and award status, and official transcripts may be requested from UW instructors or staff. In order to remain compliant with this federally funded grant, we are required to share student data including GPA, enrollment 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 academic status, financial aid, and registration records 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.
- ☐ I authorize the SSS Program to receive information about my academic status and progress toward graduation in any baccalaureate program in which I enroll.

*I certify that the information on this application is accurate and complete to the best of my knowledge. I hereby authorize the Student Success Services program to obtain any information from my educational records (e.g., transcripts, entrance test scores, grades, instructor contacts, etc.) and to perform staffing activities that may be pertinent to my participation in this project. I also agree that, if I am selected to participate in the SSS project, I will work with my staff advisor to develop and implement an individual Education Action Plan.*

► \_\_\_\_\_  
Print Name (First and Last)

► \_\_\_\_\_  
Student Signature Date

## VERIFICATION OF PARENTAL INCOME

Funding for the Student Success Services program is provided by the U.S. Department of Education. The D-Ed 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 TRIO Student Success Services office.**

\*Please refer to the Income-Eligibility guideline chart. Falling above these guidelines does NOT eliminate you from our program.

Student claimed as dependent: \_\_\_\_\_

Last Name

First Name

1) Parent's taxable income for the \_\_\_\_\_ TAX YEAR: \$ \_\_\_\_\_ Form 1040 – Line 10

2) Total number of people listed on the tax return: \_\_\_\_\_ Form 1040 – Page 1

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*

## SUBMISSION INSTRUCTIONS

This application may be submitted via:

- Email (SSS@uwyo.edu)
- Fax at (307-766-4010)
- Mail

Student Success Services  
Dept. 3808  
1000 E. University Ave  
Laramie, WY. 82071

- Dropped off in the Student Education Opportunity Main office in Knight Hall 330

Please call (307) 766-6189 with further questions regarding the Student Success Services program.