

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
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 20, 2026 until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$23,940	\$29,925	\$27,540
2	\$32,460	\$40,575	\$37,335
3	\$40,980	\$51,225	\$47,130
4	\$49,500	\$61,875	\$56,925
5	\$58,020	\$72,525	\$66,720
6	\$66,540	\$83,175	\$76,515
7	\$75,060	\$93,825	\$86,310
8	\$83,580	\$104,475	\$96,105

For family units with more than eight members, add the following amount for each additional family member: \$8,520 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$10,650 for Alaska; and \$9,795 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 20, 2026, and are effective as of January 20, 2026.



A: APPLICANT INFORMATION

Name: _____
Last First M.I. W number

Address:

Permanent: _____
Street City State Zip

Laramie Mailing: _____
Street City State Zip

How may we contact you:

Cell Phone: _____ Permanent Phone: _____ Alternate Phone: _____

UW Email Address: _____ Alternate Email Address: _____

B: DEMOGRAPHIC INFORMATION

Date of Birth: _____ Preferred Name: _____ Pronouns: _____ Assigned Sex: M ☐ F ☐

Ethnicity (required): ☐ Latino [Hispanic]
☐ Not Latino [Non-Hispanic]

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 First Generation Scholars
- ☐ UW Office (name): _____
- ☐ UW Orientation
- ☐ TRIO or another grant-funded program:
 - ☐ Gear Up location: _____
 - ☐ Upward Bound; Upward Bound Math/Science location: _____
 - ☐ Educational Opportunity Centers location: _____
 - ☐ Student Success Services location: _____

C: 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) _____

Month/year of first college class at UW: _____ or, at another institution? _____

Major: _____ Career Plans: _____



D: ELIGIBILITY FOR PROGRAM SERVICES

1. United States of America Citizenship or Residency Status:

Please choose one:

US Citizen: _____ US National: _____ US Permanent Resident: _____ Other: _____

Note: The Public Responsibility and Work Opportunity Reconciliation Act (PRWORA) mandates the verification of eligibility for federal public benefits. If you need to have additional information about PRWORA, please contact Student Success Services.

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 (required):

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.

Go to Question 1 if "yes" to the following: ☐ I used my parents' income tax return information for 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 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: \$ _____ Receiving a Pell Grant? ☐ Yes ☐ No

1b: What is the total number of people listed on the tax return? _____

We will require a parental 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? *This information is found on your tax return.*

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

2b: What is the total number of 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

a. Do you have a physical, cognitive, or psychological disability? ☐ Yes* ☐ No

b. Are you enrolled in Disability Support Services? ☐ Yes ☐ No

c. 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"/> Community resources | <input type="checkbox"/> Test-taking skills |
| <input type="checkbox"/> Academic reading | <input type="checkbox"/> Financial aid & scholarship information | <input type="checkbox"/> Working with instructors |
| <input type="checkbox"/> Advising and educational planning | <input type="checkbox"/> Graduate programs | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Math | <input type="checkbox"/> Time-management/organizational strategies |
| <input type="checkbox"/> Career planning | <input type="checkbox"/> Motivation | <input type="checkbox"/> Tutoring (subject): _____ |
| <input type="checkbox"/> Choice of major | <input type="checkbox"/> Study skills/strategies | <input type="checkbox"/> Other (please specify) _____ |

What specific SSS services do you see as being the priority for you currently? _____

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

F: RECORDS RELEASE STATEMENT AND SIGNATURE

In order 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 to 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 I am 18 years of age or older, competent to complete the certification of citizen/eligible non-citizen status, and that the information provided in this application is true and accurate, under penalty of perjury. 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, 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 Student Success Services office.

* See 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) Parents' taxable income for the _____ **TAX YEAR:** \$ _____ Form 1040 – Line 10

2) Total 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