**ACADEMIC SUPPORT SERVICES**

A student-centered and welcoming environment to help navigate the college process.

**PRIORITY REGISTRATION**

*Students who meet their advisor on a regular basis will qualify for the opportunity to register on the 1st day the system is available.*

**ACCESS TO FREE TUTORING**

In supplement to UW tutor offerings, students can receive additional support.

**ACCESS TO ADDITIONAL SCHOLARSHIP & AID**

**Students receive assistance with FAFSA questions, additional financial aid opportunities, and SSS-exclusive scholarships and aid.**

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**Student Success Services**

Office
Knight Hall Room 330
307.766.6189
sss@uwyo.edu
http://www.uwyo.edu/SEO/SS

Student Success Services (SSS) at the University of Wyoming is a TRIO program administered by the office of Student Education Opportunity (SEO) in the Division of Academic Affairs. It is funded through a grant from the U.S. Department of Education totaling $445,410, annually.

SSS is open to students who are US citizens, pursuing their first bachelor’s degree, and meet 1 or more of the following requirements:

- **FIRST GENERATION COLLEGE STUDENT**
- **INCOME DOES NOT EXCEED FEDERAL GUIDELINES** (Refer to Income Eligibility table in application)
- **DOCUMENTED DISABILITY** (Student is connected with Disability Support Services)
* 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 12, 2022 until further notice)

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$20,385</td>
<td>$25,485</td>
<td>$23,445</td>
</tr>
<tr>
<td>2</td>
<td>$27,465</td>
<td>$34,335</td>
<td>$31,590</td>
</tr>
<tr>
<td>3</td>
<td>$34,545</td>
<td>$43,185</td>
<td>$39,735</td>
</tr>
<tr>
<td>4</td>
<td>$41,625</td>
<td>$52,035</td>
<td>$47,880</td>
</tr>
<tr>
<td>5</td>
<td>$48,705</td>
<td>$60,885</td>
<td>$56,025</td>
</tr>
<tr>
<td>6</td>
<td>$55,785</td>
<td>$69,735</td>
<td>$64,170</td>
</tr>
<tr>
<td>7</td>
<td>$62,865</td>
<td>$78,585</td>
<td>$72,315</td>
</tr>
<tr>
<td>8</td>
<td>$69,945</td>
<td>$87,435</td>
<td>$80,460</td>
</tr>
</tbody>
</table>

For family units with more than eight members, add the following amount for each additional family member: $7,080 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; $8,850 for Alaska; and $8,145 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 2022 poverty guidelines are in effect as of January 21, 2022. Federal Register notice was published March 21st, 2022.
Section A: Applicant Information

Name: ____________________________ W number

Last Name: ____________________
First Name: ____________________
M.I.: ____________________

Address:

Permanent: ______________________________________________________
Street: __________________
City: __________________
State: __________________
Zip: __________________

Laramie Mailing: ______________________________________________________
Street: __________________
City: __________________
State: __________________
Zip: __________________

How may we contact you:

Cell Phone: ____________________ Permanent Phone: ____________________ 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: ____________________

Section B: Demographic Information

Date of Birth: ____________________ Current age: __________ Gender Identity: ☐ 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/Orientation Process ❑ UW Faculty/Staff (name): ____________________
❑ UW First Generation Scholars ❑ 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: ____________________

Section 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: ____________________

Student Success Services / 330 Knight Hall / Dept. 3808 / 1000 E. University Ave / Laramie, WY 82071
Phone: (307) 766-6189 / Fax: (307) 766-4010 / TTY: (307) 766-3073 / Email: sss@uwyo.edu / www.uwyo.edu/seo/sss
1. Citizenship/Residency Status:
   Are you a citizen or national of the U.S?  ❑ 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.

   • If “No,” do you meet the residency requirements for Federal student financial assistance?  ❑ Yes  ❑ No*

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 to process your application):
   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 use my personal tax return information for FAFSA  ❑ 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 people listed on the tax return? ____________
   We 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? 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 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.
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:

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 the SSS project, I will work with my staff advisor to develop and implement an individual Education Action Plan.
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.**

<table>
<thead>
<tr>
<th>Student claimed as dependent:</th>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Parent’s taxable income for the _________ TAX YEAR: $ __________________</td>
<td>Form 1040 – Line 10</td>
<td></td>
</tr>
<tr>
<td>2) Total of people listed on the tax return:</td>
<td>_________________</td>
<td>Form 1040 – Page 1</td>
</tr>
</tbody>
</table>

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