



The following information is needed to assess your eligibility for the TRIO/Student Support Services Program (SSS) at the University of Illinois at Chicago. This information will be treated confidentially.

BIOGRAPHICAL INFORMATION				
Name:	First	Middle	Last	
Local Address:	Street	City	State	Zip Code
Permanent Address:	Street	City	State	Zip Code
Home Phone Number:			Mobile Phone Number:	
UIN#	UIC Email Address:		Alternate Email Address:	
Date of Birth:			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Preferred Pronoun: _____	
Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Transfer Previous TRIO <input type="checkbox"/> Institution: _____				
Ethnic Background: <input type="checkbox"/> Native American Indian/Alaskan <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian Other _____				
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>				
Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your SSN# _____				
Are you a Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what is your Permanent Resident Number? _____				
FIRST GENERATION VERIFICATION				
Does your mother/adopted mother have a four year degree? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does your father/adopted father have a four year degree? Yes <input type="checkbox"/> No <input type="checkbox"/>				
DISABILITY VERIFICATION				
Do you have a documented disability? Yes <input type="checkbox"/> No <input type="checkbox"/>				



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INCOME VERIFICATION

Father Employed: Yes No If so, Occupation: _____

Mother Employed: Yes No If so, Occupation: _____

Current Family Income?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$ 0-\$18,090 | <input type="checkbox"/> \$18,090-\$24,360 | <input type="checkbox"/> \$24,360-\$30,630 |
| <input type="checkbox"/> \$30,630-\$36,900 | <input type="checkbox"/> \$36,900-\$43,170 | <input type="checkbox"/> \$43,170-\$49,440 |
| <input type="checkbox"/> \$49,440-\$55,710 | <input type="checkbox"/> \$55,710-\$61,980 | <input type="checkbox"/> over \$61,980 |

Number of person(s) living at home _____

I verify that all of the information contained in this application is true to the best of my knowledge.

Student Signature

Date

In 3 or 4 sentences, please identify at least one goal and how TRIO can assist with your goal.

For TRIO/SSS Office Use Only

Date Application Received: _____

TRIO Eligible: YES _____ LIFG _____ LI _____ FG _____ Disability
 NO

Accepted: YES NO

Assistant Director

Date

Director

Date