TRiO STUDENT SUPPORT SERVICES

E.D.G.E. PROGRAM (ENGAGE, DISCOVER, GAIN EXPERIENCE, EXCEL)

TRiO Student Support Services ● 104 Glenwood Ave, Henneberry Hall 3rd Floor ● Jersey City, NJ 07306
Main Office: (201) 761– 6292 ● Email: triosss@saintpeters.edu ● Fax Number: (201) 761– 6291● Website: saintpeters.edu/academics/programs/trio/

STUDENT INFORMATION:

First Name _____ Last Name _____ Middle Initials _____

Date of Birth: _____ Gender: Other SSN#(REQUIRED): _____

Are you a US Citizen? ☐ Yes ☐ No, *Are you a Permanent Resident? If yes, Green Card #:* _____

ETHNIC/RACIAL BACKROUND INFORMATION:

☐ Black or African American ☐ Native American/ Alaskan Native ☐ Asian ☐ Hispanic/Latin

☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other: _____

The information requested on race, ethnicity and sex is not used in the selection process. It is set aside and used in reports to the Department of Education in Washington D.C.

It is the policy of the Student Support Services program not to discriminate on the basis of sex, race, religion, color, national origin, age and disability in its decisions.

STUDENT CONTACT INFORMATION:

Home Phone: _____ Student Cell Phone: _____

SPU Email Address: _____@saintpeters.edu SPU ID: _____

Student Home Address: _____

Street Apt.

_____

City State Zip Code

TRIO STUDENT SUPPORT SERVICES PROGRAM ELIGIBILITY STATUS (REQUIRED):

Have you ever participated in: ☐ Talent Search ☐ Upward Bound ☐ Student Support Services ☐ R. E. McNair Program

Are you a *Transfer Student*: ☐ YES ☐ NO If yes: Name of Institution: _____

Choose one eligibility status that applies to you (REQUIRED): *(Income eligibility will be verified through additional sources as needed.)*

☐ First Generation *(Your parent/legal guardian, did not complete a 4-year Degree in the U.S.)*

☐ Low-Income *(Due to family household size & income, you meet low-income criteria, see table.)*

☐ First Generation & Low-Income

TRiO Legislation §1070a-11 Program Authority; authorization of appropriations *(e) Documentation of status as a low-income individual (1) Except in the case of an individual's status pursuant to subsection (h) (4) shall be made by providing the Secretary with – **(A)** a signed statement from the individual's parent or legal guardian; (B) verification from another governmental source; (C) a signed financial aid application; or (D) a signed United States or Puerto Rico income tax return. Please be advised by filling out this section and signing the program application on page 2, this document will serve as your statement, as in **(A)**.*

AUTHORIZATION FOR RELEASE OF RECORDS:

☐ Yes, Initials ____ ☐ No

(For duration of Program Participation)

I hereby voluntarily grant permission to TRiO SSS, to extract additional personal information data from authorized Saint Peter's University databases. Specifically, I authorize disclosure of the following information or category of information – semester schedules, financial aid, program eligibility verification, transcripts, disciplinary actions, individual education plans, and course attendance history for the purposes of evaluating eligibility for admission and participation. Data platforms include but are not limited to, Slate, Colleague, NJ FAMS, HESAA, and the Office of Financial.

PHOTO & MEDIA RELEASE:

☐ Yes, Initials _____ ☐ No

I give Saint Peter's University and the TRiO Students Support Services Program, permission to record the image and/or voice of myself as named. I grant Saint Peter's University all rights to use sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of the university.

STUDENT CONTRACTUAL AGREEMENT:

☐ Yes, Initials ____ ☐ No

If selected, upon my acceptance to the TRiO Student Support Services program, I agree to fulfill all my requirements as a program Scholar and be committed to my academic and personal achievement at Saint Peter's University. I also agree to the following:

- Complete placement testing and attend Peacock Prep (Pre-orientation) in order to enroll in Summer Academy. (NOTE: Students will receive placement testing and Peacock Prep information once Admissions receives *Intent to Enroll* and tuition deposit ($150).
- Complete TRiO SSS, 3-credit Summer Academy which is mandatory, and critical to my successful enrollment in the fall semester.
- I will be placed in Student Support Services designated 1 credit courses and a supplementary study/learning lab throughout my collegiate career.
- Meet with my Student Support Services advisor on a regular basis, and as required, during the fall and spring semester throughout my academic career at SPU, to review my progress. Accept referrals for tutoring and or counseling because these are the resources that will help me succeed.
- Familiarize myself with University policies, important deadlines and student expectations.
- I accept responsibility for acquainting myself with registration, withdrawal, and refund policies and procedures set forth in the current Saint Peter's University Catalog and Schedule (www.saintpeters.edu)
- I agree to participate in the Student Support Services Program classes, services, research and other activities as scheduled by the Director of the Saint Peters University, Student Support Services Program.

APPLICATION CERTIFICATION & AUTHORIZATION:

I, hereby certify that all answers and information provided, constitute a full and complete disclosure with respect to this application. I understand that this application is being made in connection with the receipt of federal funds, and that the U.S. Federal Government and the U.S. Department of Education may verify this information. ***Any misrepresentation of facts provided on this application will result in nullification of my application prior to admission.***

Applicant Signature: _____ **Date:** _____

TRiO Student Support Services is federally funded, by the United States Department of Education.

TRiO SSS OFFICE USE ONLY:

☐ **Accepted** ☐ **Not Accepted** ☐ **Wait List** **Certified by Director:** _____ **Date:** _____