

UNIVERSITY OF NORTHERN IOWA

STUDENT SUPPORT SERVICES

APPLICATION

OFFICE USE ONLY	
Counselor Assigned: _____	
Basis of Eligibility:	
<input type="checkbox"/> LI/FG	<input type="checkbox"/> Disabled
<input type="checkbox"/> LI only	<input type="checkbox"/> FG only
<input type="checkbox"/> Waiting List	<input type="checkbox"/> Disabled & LI
Not Eligible	

PLEASE PRINT

Last Name	First Name	Middle Name	Nickname
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Local Address			Permanent Address		
City	State	Zip Code	City	State	Zip Code
Local Phone			Permanent Phone		
area code ()			area code ()		
Cell Phone			Email		
area code ()					

Social Security Number _____ - ____ - ____	UNI Student ID No. _____	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, are you a permanent resident of the U.S., or have you applied for citizenship? <input type="checkbox"/> Yes (residency number: _____) <input type="checkbox"/> No
Birthdate ____ / ____ / ____ <small>month day year</small>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Ethnic Background <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Black / African-American <input type="checkbox"/> Other _____ <input type="checkbox"/> Hispanic / Latino	
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Do you have a physical or learning disability? <input type="checkbox"/> Yes (please specify: _____) <small>(you must provide documentation from a doctor)</small> <input type="checkbox"/> No	Have you been in contact with either of these UNI resources: <table style="width: 100%;"> <tr> <td style="width: 50%;"><u>Office of Disability Services?</u></td> <td style="width: 50%;"><u>Vocational Rehabilitation?</u></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> </tr> </table>	<u>Office of Disability Services?</u>	<u>Vocational Rehabilitation?</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No
<u>Office of Disability Services?</u>	<u>Vocational Rehabilitation?</u>						
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes						
<input type="checkbox"/> No	<input type="checkbox"/> No						

PLEASE CONTINUE ➡➡➡➡➡

Do you receive financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	First semester enrolled at UNI _____ / _____ month / year	Have either of your parents earned a bachelor's degree? <input type="checkbox"/> Yes (please circle which: Mother / Father / Both) <input type="checkbox"/> No
Did you enter UNI as: <input type="checkbox"/> new from high school <input type="checkbox"/> out of high school 1-4 years <input type="checkbox"/> out of high school 5+ years <input type="checkbox"/> transfer student (from where?) _____ <small>(if transfer, name of previous school)</small>	Are you a former participant of a TRIO program (Student Support Services, Upward Bound, Upward Bound Math/Science, Educational Talent Search, or Educational Opportunity Center)? <input type="checkbox"/> No <input type="checkbox"/> Yes (name of program? _____) (school? _____)	

Classification <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
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What is your major?	What is your career goal?
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What are your main objectives in coming to Student Support Services?	
<input type="checkbox"/> College transition <input type="checkbox"/> College survival skills <input type="checkbox"/> Course selection and academic advising <input type="checkbox"/> Career planning / goal setting	<input type="checkbox"/> To get help in a course I am now taking or plan to take in the future <input type="checkbox"/> Personal/financial concerns that may interfere with academic progress <input type="checkbox"/> Other: _____

How did you hear about us?		
<input type="checkbox"/> Student Support Services (SSS) Staff <input type="checkbox"/> SSS Peer Assistant <input type="checkbox"/> Previous TRIO Staff: SSS, Educational Opportunity Center, Educational Talent Search, or Upward Bound <input type="checkbox"/> Office of Disability Services	<input type="checkbox"/> SSS Student <input type="checkbox"/> UNI Faculty / Staff <input type="checkbox"/> Admissions Office <input type="checkbox"/> Academic Advising <input type="checkbox"/> Committee on Admissions, Readmission & Retention (CARR)	<input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Associate Vice President's Office <input type="checkbox"/> Academic Achievement & Retention Services <input type="checkbox"/> Other (please specify) _____

Income Eligibility <p><i>All students applying to the Program must provide proof of income.</i></p> <p>Dependent students should provide a copy of their parents' most recent year's <u>Federal</u> income tax form and have their parents complete the Income Verification Form. Independent students should provide a copy of their own most recent year's <u>Federal</u> income tax form and complete the Income Verification Form.</p> <p>See the Income Verification Form to determine if you are a dependent or independent student.</p>
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The University of Northern Iowa Student Support Services Program requests this information for the purposes of determining your eligibility and providing the services which you are requesting. No personal, identifiable information is provided to anyone outside the Program, except with your permission. Failing to provide the required information may prevent us from providing the services that you request. Your signature on this form is your assurance that, to the best of your knowledge, all information provided is true and accurate at this time.

Student Signature 	Date _____ / _____ / _____ month / day / year
Staff Initials 	

Income Verification Form

This form is used strictly for the purpose of determining your eligibility for participation in the Student Support Services program. All students applying to the program must provide signed documentation to verify income. This form must be completed prior to any consideration given to your request for participation.

Student's name: (Please print)	Number of family members living in your household including yourself?
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PART I: DEPENDENT STATUS

YES	NO	<i>For assistance with determining the correct answers to the questions below, see the Notes on the next page.</i>
		1. Are you 24 years of age or older, or will you turn 24 before <u>next</u> January 1?
		2. As of today, are you married? (Also answer "Yes" if you are separated but not divorced.)
		3. Do you have children or other legal dependents (other than a spouse) who live with you and who receive more than half of their support from you?
		4. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
		5. Are you a veteran of the U.S. Armed Forces?
		6. At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?
		7. As determined by a court in your state of legal residence, are you or were you an emancipated minor?
		8. As determined by a court in your state of legal residence, are you or were you in legal guardianship?
		9. At any time on or after July 1, 2014, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
		10. At any time on or after July 1, 2014, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
		11. At any time on or after July 1, 2014, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

Independent Status: If you answered "YES" to one or more of the questions, you must complete Parts III and IV of this form.

Dependent Status: If you answered "NO" to all eleven questions, your parents must complete Parts II, III, and IV of this form.

PART II: FAMILY INFORMATION *(Please print)*

<i>(This box is to be completed by <u>dependent students only.</u>)</i>		
Names of parents/guardians from whom you received more than half of your support last year.		
_____ Mother's/guardian's name	_____ Address	_____ Phone number
_____ Father's/guardian's name	_____ Address	_____ Phone number

PART III: ANNUAL INCOME INFORMATION

<p>PLEASE ATTACH A <u>SIGNED</u> COPY OF YOUR PARENT'S (OR YOUR OWN, IF INDEPENDENT) MOST RECENT <u>FEDERAL</u> INCOME TAX FORM.</p> <p><i>(Taxable income is found on: 1040 Line 43, 1040A Line 27, 1040EZ Line 6 on 2015 tax forms)</i></p>	<p>TAXABLE INCOME</p> <p>\$ _____ Taxable Income</p>
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If the individual responsible for providing a tax return, based on the above questions, was not required to file a return for the year requested, please initial here _____ and move to the next page.

IF YOU DID NOT FILE A TAX RETURN, PLEASE INDICATE YOUR SOURCE OF NON-TAXABLE INCOME AND ATTACH A COPY OF APPLICABLE NON-TAXABLE INCOME DOCUMENTATION.

Source(s) of non-taxable income:

- | | |
|---|--|
| <input type="checkbox"/> Title XIX (Medicaid) | <input type="checkbox"/> Family Investment Program (FIP) |
| <input type="checkbox"/> Untaxed pensions | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Veterans' benefits | <input type="checkbox"/> Untaxed Social Security benefits |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> I received no taxable income during the last year, and have no documentation. |

NON-TAXABLE INCOME

\$ _____
Non-Taxable Income

PART IV: VERIFICATION (Signature required)

I verify that the income provided is an accurate statement of my income for the last federal income tax filing year.

Signature of person(s) whose income is being reported

Social Security Number(s)

Date

DON'T FORGET TO ATTACH A SIGNED COPY OF INCOME DOCUMENTS

OFFICE USE

Family Size _____ US DOE Income \$ _____ Family's Income \$ _____ Low Income? Y / N Verified by _____

Notes for question 4

Answer "Yes" if you are currently serving in the U.S. Armed Forces or are a National Guard or Reserves enlistee who is on active duty for other than state or training purposes.

Answer "No" if you are a National Guard or Reserves enlistee who is on active duty for state or training purposes.

Notes for question 5

Answer "Yes" (you are a veteran) if you (1) have engaged in active duty (including basic training) in the U.S. Armed Forces, or are a National Guard or Reserves enlistee who was called to active duty for other than state or training purposes, or were a cadet or midshipman at one of the service academies, and (2) were released under a condition other than dishonorable. Also answer "Yes" if you are not a veteran now but will be one by June 30, 2016.

Answer "No" (you are not a veteran) if you (1) have never engaged in active duty (including basic training) in the U.S. Armed Forces, (2) are currently an ROTC student or a cadet or midshipman at a service academy, (3) are a National Guard or Reserves enlistee activated only for state or training purposes, or (4) were engaged in active duty in the U.S. Armed Forces but released under dishonorable conditions.

Also answer "No" if you are currently serving in the U.S. Armed Forces and will continue to serve through June 30, 2016.

Notes for question 6

Answer "Yes" if at any time since you turned age 13:

- You had no living parent, even if you are now adopted; or
- You were in foster care, even if you are no longer in foster care today; or
- You were a dependent or ward of the court, even if you are no longer a dependent or ward of the court today. For federal student aid purposes, someone who is incarcerated is not considered a ward of the court.

Notes for questions 7 and 8

The definition of legal guardianship does not include your parents, even if they were appointed by a court to be your guardians. You are also not considered a legal guardian of yourself.

- Answer "Yes" if as of today you are an emancipated minor or are in legal guardianship. Also answer "Yes" if you were an emancipated minor or were in legal guardianship immediately before you reached the age of being an adult in your state.
- Answer "No" if you are still a minor and the court decision is no longer in effect or the court decision was not in effect at the time you became an adult.

Notes for questions 9, 10, and 11

Answer "Yes" if you received a determination at any time on or after July 1, 2014, that you were an unaccompanied youth who was homeless or at risk of being homeless.

- "Homeless" means lacking fixed, regular and adequate housing. You may be homeless if you are living in shelters, parks, motels or cars, or are temporarily living with other people because you have nowhere else to go. Also, if you are living in any of these situations and fleeing an abusive parent you may be considered homeless even if your parent would provide support and a place to live.
- "Unaccompanied" means you are not living in the physical custody of your parent or guardian.
- "Youth" means you are 21 years of age or younger or you are still enrolled in high school as of the day you sign this application.

Answer "No" if you are not homeless or at risk of being homeless, or do not have a determination. You should contact your financial aid office for assistance if you do not have a determination but believe you are an unaccompanied youth who is homeless or are an unaccompanied youth providing for your own living expenses who is at risk of being homeless.

UNIVERSITY OF NORTHERN IOWA STUDENT SUPPORT SERVICES

AUTHORIZATION FOR RELEASE OF INFORMATION

This is to notify you that I am a participant in the Student Support Services Program and that I am coded as such in the University of Northern Iowa student information system.

PLEASE PRINT:

Last Name	First Name	Middle	UNI Student ID Number
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I also authorize the University of Northern Iowa's faculty and the Offices of Admissions, Registrar, and Financial Aid to release application, transcript, midterm evaluation, and financial aid information from my records to the Student Support Services program for advising purposes.

Signature of Student	Date
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Other information to be released (*please initial* next to all UNI offices which you authorize to share your information with SSS staff:

Counseling Center Student Disability Services Vocational Rehabilitation
 Other (Please name: _____)

Please send the requested information to:

Nick Sullivan, Director
Student Support Services
University of Northern Iowa
007 Innovative Teaching & Technology Center (ITT)
Cedar Falls, IA 50614-0388



University of Northern Iowa

Student Support Services

A TRIO Program sponsored by the University of Northern Iowa and 100% funded by the U.S. Department of Education.

Program Purpose

In July 1984, Student Support Services (SSS) was established at the University of Northern Iowa to provide services to eligible college students. Program services are designed to increase the retention and graduation rates of participants, increase the transfer rate of eligible students from two-year to four-year colleges, and foster an institutional climate supportive of their success.

Participant Eligibility

The Student Support Services Program is a federally funded program which serves 200 eligible University of Northern Iowa students. To be considered for the program, a student must be:

- a citizen or national of the United States or meet the residency requirements for Federal student financial assistance.
- enrolled at the University of Northern Iowa or accepted for enrollment in the next academic term.
- in need of academic support in order to successfully pursue a post-secondary educational program.
- ① eligible based on federal income guidelines; ② a first generation student (neither parent has a bachelor's degree); or ③ an individual who has a disability.

To Request More Information or an Application

Please direct all inquiries and requests to:

Nick Sullivan, Director
Student Support Services Program
University of Northern Iowa
007 Innovative Teaching & Technology Center
Cedar Falls, IA 50614-0388
Phone: (319) 273-2179
Fax: (319) 273-2982
E-Mail: trio-sss@uni.edu

Upon request, this information is available in an alternate media.

Program Services

The following free services are offered to participants:

- Academic advising and assistance with course selection
- Personal guidance
- Tutoring and study groups
- Financial literacy education and assistance with the financial aid process
- Career advising
- Assistance with educational and long range planning
- College survival and study skills workshops
- Academic and cultural activities designed to enhance the student's personal and intellectual development
- Assistance in applying to a graduate school or professional program

TRiO
STUDENT SUPPORT SERVICES

The University of Northern Iowa does not discriminate in employment or education. Visit uni.edu/policies/1303 for additional information.