

Name: _____

PROGRAM ELIGIBILITY AND VERIFICATION HANDOUT 2017-2018

Are you a first-generation college student (your parents have not received a Bachelor's degree)?
Are you a student with high financial need?
Are you a student with a documented disability?

If you can answer "yes" to any of these, CASE may be able to help you.

The Center for Academic Success and Excellence provides the tools and the strategies necessary for completing a 4-year college degree and planning for the road beyond. CASE is a Federal TRiO Program, 100% funded through a Student Support Services grant from the United States Department of Education. Applications will be kept on file and used to fill open positions in the program as they come available.

Personal Information

Bacone Student ID _____ Today's Date _____
 Full Name _____
 Date of Birth _____ Gender Female Male No Response
 Marital Status Married Single
 Ethnic Background (check all that apply) Hispanic American Indian or Alaskan Native
 Asian Black or African American White Native Hawaiian or Pacific Islander
 Tribal Affiliation (optional) _____
 Are you a US Citizen? Yes No (_____) ...or a Permanent Resident? Yes No
 Is English your first language? Yes No (_____)
 Are you a US Veteran? Yes No Do you receive financial aid? Yes No

Contact Information

Home Address _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ E-mail _____
 Best way to reach you? Home Phone Cell Phone Personal E-mail Bacone Student E-mail

Academic Information

Are you an incoming freshman? Yes No Are you a transfer student? Yes No
 Do you have a: Hs Diploma GED Which High School did you attend? _____
 College enrollment status: Full-time Part-time Credit hours this semester: _____
 What degree are you seeking at Bacone? AA AS BA BS undecided none
 Do you plan to apply to a graduate program? Yes No Unknown Major: _____

TRiO Status: Have you previously participated in any TRiO programs? Yes No
 Student Support Services/Disability Support Services Talent Search Upward Bound UB- Math/Science
 Veterans Upward Bound Communication UB Educational Opportunity Centers
 If Yes, where?

First Generation Verification

Did either one of your natural or adoptive parents earn a 4-year college degree?

Mother/Legal Guardian Yes No Unknown

Father/Legal Guardian Yes No Unknown

Which parent or parents did you regularly reside with and receive support from during your childhood through age 18? Mother Father both Mother and Father neither Mother or Father

Did you have any special circumstances prior to the age of 18, such as being an emancipated minor?

Yes No If Yes, details _____

Disability Verification

Do you have a disability? Yes No Is it documented? Yes No Unknown

If yes, what is your disability? _____

Is information regarding your disability on file with Bacone College? Yes No Unknown

(Please submit any disability documentation to the Office of Academic Affairs, found on the first floor of Samuel Richards Hall)

Statement of Agreement and Consent

I certify that the above information contained on this application is true and complete to the best of my knowledge. I understand that this information will be treated as confidential, but will be reported to the U.S. Department of Education as a condition of funding for this federally funded program.

I give the Center for Academic Success and Excellence, a TRiO Student Support Services program, permission to obtain the academic or personal information that is necessary for providing assistance to me.

Printed Name

Student Signature

Date

Request for Photo Use (optional)

I give the Center for Academic Success and Excellence, its representatives and employees, to take photographs of me in connection with all TRiO SSS related activities and to publish the same in print and/or electronic media. I agree that CASE may use such photographs of me with or without my name for lawful purposes, including, but not limited to, publicity, advertising, social media and web content in connection with CASE activities and events.

Student Signature

Date

Name: _____

Income Verification

We are required by the Department of Education to ask a question about the taxable income line from your 2016 federal tax return, which is **not part of your FAFSA**. Please choose the documentation type of your choice to demonstrate a status of low-income individual.

1. A signed United States or Puerto Rico income tax return (please attach or fax)
2. Verification from another governmental source (please attach or fax)
3. Signed Income statement (complete section below) from the parent under most circumstances, or from the student if independent

Signed Income Statement (Only if you checked #3 above)

Read the following definitions to determine if you are an Independent or Dependent student. If you do not meet the independent student criteria, your parent must complete and sign the dependent student portion.

Where to find taxable income
IRS Form 1040 EZ line 6
IRS Form 1040 A line 27
IRS Form 1040 line 43

► **Independent Student** Yes No

You must not have been claimed on your parents' tax return and meet at least one more criteria below. Please check all that apply.

- Over age 24 Married You are younger than 18 years of age and have no parent or guardian
- Have children or other legal dependents (other than a spouse) who receive more than half of their support from you
- At any time since reaching 13 years of age, you were an orphan, in foster care, or a ward of the court
- Prior to reaching 18 years of age, you were an emancipated minor or you had a court-appointed legal guardian
- You are serving on active duty (for other than training purposes) in the U.S. Armed Forces
- A U.S. Armed Forces veteran who was on active duty and was released under a condition other than dishonorable
- You are homeless (i.e., you lack a fixed, regular, and adequate nighttime residence) or are at risk of becoming homeless

What is the **total number of persons** (including you) **in your household?** _____

What was your **family's taxable (not total) income** from the last calendar year?

- My family had **no taxable income** during the last calendar year.
- My family's **taxable (not total) income** from the last calendar year was: \$ _____
- My family **did not file** a federal income tax return for the last calendar year. My family's total income during the last calendar year was: \$ _____

Check One

► **Dependent Student** Yes No

What is the **total number of persons** (including you) **in your household?** _____

What was your **family's taxable (not total) income** from the last calendar year?

- My family had **no taxable income** during the last calendar year.
- My family's **taxable (not total) income** from the last calendar year was: \$ _____
- My family **did not file** a federal income tax return for the last calendar year. My family's total income during the last calendar year was: \$ _____

Check One

By signing this form, you are verifying the federal taxable income you reported is correct to the best of your knowledge.

Parent(s) Signature(s)

Date

Phone Number

Office Use Only

Eligibility (check all that apply): Low-income First-generation Student with disability

Academic Need(s): Low high school grades Low admission test scores Predictive indicator

Academic proficient tests Other High school equivalency Failing grades Low college grades

Limited English proficiency Lack of educational/career goals Out of the academic pipeline for 5 or more years

Lack of academic preparedness for college level course work Need for academic support to raise grade(s) in required course(s)/academic major

Final Decision: Accepted Wait List Denied (_____)

Program Director's Signature

Date