



STEP 1: Please answer the following questions about yourself.

[illegible]

| | | |
|----------------|-------|--------|
| Street Address | | Apt. # |
| City | State | Zip |

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[illegible]

Diagram illustrating the sequence of operations: MM / DD / YYYY.

☐ YES ☐ NO

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

☐ Female ☐ Male

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
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|---|--|--|--|--|--|--|--|--|--|

c. Which parent do you regularly reside with and receive support from during your childhood? (Please check only one box.)

| | |
|--|--------------------------------------|
| <input type="checkbox"/> Both Mother and Father | <input type="checkbox"/> Mother only |
| <input type="checkbox"/> Neither Mother nor Father | <input type="checkbox"/> Father only |

a. What is the best phone number to reach your parent or guardian?

| | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|----|--|--|--|--|
| (| | | |) | | | | -- | | | | |
|---|--|--|--|---|--|--|--|----|--|--|--|--|

Name _____

☐ Friend (Name: _____) ☐ Other _____

STEP 6

Your parent(s) income tax information must be provided to answer the following questions about themselves.

a. What is the total number of persons (including you) in your family?

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

(Please check only one box. Then, provide the requested income information.)

☐ My family's **taxable (not total)** income from the last calendar year was:

Note: Taxable income can be found on the federal income tax return.
On IRS Form 1040, see line 43.
On IRS Form 1040A, see line 27.
On IRS Form 1040EZ, see line 6.

\$, .00

☐ My family did not file a federal income tax return for the last calendar year. My family's total income from the last calendar year was:

\$, .00

☐ My family had no taxable income during the last calendar year.

STEP 7

Please read the following statement and then sign and date below it.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student's official academic records to the TRiO Talent Search (TS) project at Texas A&M University-Kingsville, understanding that the information in these records will be used only to assess the student's need for TRiO program services, discern the student's educational progress, evaluate the effectiveness of TRiO program activities, and fulfill TRiO program-reporting requirements. Finally, I authorize this TS project to use the student's name, statements and likeness, without charge, for promotional purposes in the project's publications, advertising, video, and other formats.

Student's Signature

Date

Parent's Signature

Date

FOR OFFICE USE ONLY

The **20** federal TRiO programs annual low-income level for a family unit with _____ members is:

\$, .00

☐ Recommended Approval

☐ Not Recommended.

Reason: _____

☐ Recommended Approval

☐ Not Recommended.

Reason: _____

Advisor (Print name)

Director (Print name)

_____/_____/20
Advisor (Sign & Date)

_____/_____/20
Director (Sign & Date)

Date of Application Entry into Database ____/____/____

Initials of Data Entry Staff _____

Eligibility: ☐ LI&FG ☐ LI ONLY ☐ FG ONLY ☐ Other