



TRiO

PARTICIPANT APPLICATION - CONTINUED

STEP 5

Your parent(s) must answer the following questions.

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 15.

\$ □ □ □ , □ □ □ .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 6

You (the student) and your parent or legal guardian must read the following statement and then sign and date.

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 program 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 TRiO program 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 or Legal Guardian'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: _____

Approved
 Denied
Reason: _____

Advisor (Print name)

Director (Print name)

P.I. or P.I. Designee (Print Name)

_____/_____/20__

_____/_____/20__

_____/_____/20__

Advisor (Sign & Date)

Director (Sign & Date)

P.I. or P.I. Designee (Sign & Date)

Date of Application Entry into Database

_____/_____/____

Initials of Data Entry Staff

Eligibility: LI&FG LI ONLY FG ONLY HRAF ONLY LI&HRAF FG&HRAF LI&FG&HRAF

Project: UBC UBR UBMS UBMS-R