



## PARTICIPANT APPLICATION

a. What is your name?	Last Name				T			Ţ	]		Ĭ	Ţ		Ī	<del></del>	T	Ī	Ţ
	First Name				<u> </u>			<del></del>	<del> </del>	<u> </u>	<u> </u>	<del> </del>	<u> </u>	<u> </u>	<u></u>	<del> </del>	<u> </u>	<del></del>
	Middle Initial			L		.Ji	L		- <b>i</b>	.L	ł	.i	·I	i	1	_ <b>i</b>	-4	.1
o. What is your mailing address?		<u> </u>																
	Street Address												Apt. #	!				
	City									5	State			Zip				
c. What is your home phone number?	(		) [			] -												
d.What is your cell phone number?	(		)															
e. What is your parents'	Last Name							<u> </u>	<u> </u>	<u> </u>							<u> </u>	
name?	First Name																<u> </u>	]
f. What is your parents'	(		)									-d		·	<b>4</b>			
cellphone number?	☐ Motl		_	<b>-</b>				<b>-</b> -			·							
g.What is your e-mail address?								_@_										
h. What is your parents' e-mail address?																		
TEP 2: Please answe	r the following q	uestior	ns abou	ıt yourse	elf.													
a. What is the name of your scho	ool?																	_
<b>b</b> . What <b>grade</b> are you in?				th	g	r	а	d	е	]								
<b>c</b> . What is your <b>social security r</b>	ıumber?		I	<u> </u>		I	] -			<u> </u>	<u> </u>	]						
d. What is your birthdate?		М	M	/ D	D	/ <b>Y</b>		ΥĮ	r I s									
e. Are you Hispanic or Latino?						YES	3		Ţ	⊒ NC	)							
f. What is your race? (Please check all boxes that describe you.)	☐ Americal or Alaska			Asian		I Black Ame	-		n [	oth	tive H ner Pa ander		an or		White	)		
g. What is your gender?	☐ Female			Male														
TEP 3: Please answer	r the following q	uestior	n about	yoursel	f.													
<b>a</b> . Are you a U.S. citizen?	☐ YES			NO, but	I am a	Perma	anen	t Resid	dent.								ot a U	
			1	My Perm	nanent	Reside	ent /	Alien N	umbei	ris:	<del></del>		1				d I <u>am</u> reside	
			<u> </u>	Α			<u> </u>					Ш.						
TEP 4: Please answe	r the following q			ıt your p	arents	and al	oout	yourse	elf.									
	and a 1 year on	llege de	egree?			[		YES						NO				
a. Has your mother received/earr	•																	
a. Has your mother received/earn b. Has your father received/earn	•	∍ge deg	gree?					YES						NO				





## PARTICIPANT APPLICATION - CONTINUED

rour pareni(s) must ans	wer the following questic	ns.	
	<u>.</u>	ing you) <b>in your family</b> ?	
By signing this applic academic records to assess the student's activities, and fulfill T	year was:  Note: Taxable income On IRS Form 1040, se  My family did not f calendar year. My year was:  My family had no t our parent or legal guardi ation, I attest that all the the TRiO program at Tex need for TRiO program s RiO program-reporting re	ile a federal income tax return for the last family's total income from the last calendar axable income during the last calendar year an must read the following statement and to information on this application is true. More as A&M University-Kingsville, understanding services, discern the student's educational	hen sign and date. reover, I authorize the release of the student's official and that the information in these records will be used only to progress, evaluate the effectiveness of TRiO program program to use the student's name, statements and likeness,
Student's Signatu  Parent or Legal Gu	re ıardian's Signature		Date Date
·			
	low-income	federal TRIO programs annu level for a family unit w mbers is:	
	low-income me	level for a family unit w	
☐ Not Recommended	low-income me	level for a family unit w mbers is:  Recommended Approval Not Recommended.	Approved Denied
Recommended App  Not Recommended Reason:	low-income me	level for a family unit we mbers is:  Recommended Approval Not Recommended. Reason: Director (Print name)	Approved Denied Reason:  P.I. or P.I. Designee (Print Name)
Recommended App Not Recommended Reason:  Advisor (Print name)  Advisor (Sign & Date)	low-income me	level for a family unit we mbers is:  Recommended Approval Not Recommended. Reason: Director (Print name)	Approved Denied Reason:  P.I. or P.I. Designee (Print Name)
Recommended App  Not Recommended Reason:  Advisor (Print name)  Advisor (Sign & Date)  Date of Application En	low-income me	level for a family unit we mbers is:  Recommended Approval Not Recommended. Reason:  Director (Print name)  /_/20  Director (Sign & Date)  FG ONLY  HRAF ONLY  LI	Approved Denied Reason:  P.I. or P.I. Designee (Print Name)  P.I. or P.I. Designee (Sign & Date)