

**TRiO Student Support Services – Disabilities (SSS-D)
 PARTICIPANT APPLICATION
 (PLEASE PRINT LEGIBLY)**

STUDENT INFORMATION	
Last Name:	Middle Name:
First Name:	Preferred Name:
Address:	Apt/Unit:
City:	Zip Code:
Cell Phone: ()	Alternative Contact: ()
Date of Birth (mm/dd/yyyy):	Student ID #:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Pronouns:
Fresno State Email: @mail.fresnostate.edu	Alternative Email:

ELIGIBILITY
<p>If you are enrolled full-time at Fresno State (12 units or more), registered with <i>Services for Students with Disabilities (SSD)</i> on campus, and have a GPA of 2.5 or higher, you may be eligible to receive TRiO SSS-D program services if you meet the following requirements:</p> <p>An UNDERGRADUATE student who has a DEMONSTRATED ACADEMIC NEED, and <i>is at least one or more of the following:</i></p> <ul style="list-style-type: none"> ▪ A first generation college student ▪ A low-income student ▪ A student with a documented disability <p>*** <i>TRiO Student Support Services - Disabilities</i> is a U.S. Department of Education federally funded (TRiO) program that serves <u>undergraduate</u> college students with a demonstrated academic need who are low-income and/or first generation students (neither parent has a U.S. college Bachelor’s degree), and/or have a disability. Services are only available to students who are U.S. citizens, or who meet residency requirements for federal financial aid, and who are completing their first Bachelor’s degree.</p>

ETHNIC GROUP IDENTITY

<input type="checkbox"/> 1 American Indian or Alaska Native <input type="checkbox"/> 2 Asian <input type="checkbox"/> 3 Black or African American <input type="checkbox"/> 4 Hispanic or Latino	<input type="checkbox"/> 5 White / Caucasian <input type="checkbox"/> 6 Native Hawaiian or other Pacific Islander <input type="checkbox"/> 7 More than one - Multi-Racial _____
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UNDERGRADUATE DEGREE INFORMATION

MAJOR:	MINOR:			
<input type="checkbox"/> MY MAJOR IS <u>UNDECLARED</u> AT THIS TIME I AM <u>CONSIDERING CHANGING</u> MY MAJOR				
CURRENT GPA:	Department Advisor:			
Have you ever been placed on academic probation? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Previous College(s) ATTENDED: _____ _____				
Class Level: (Units completed)	FRESHMAN 0-29 UNITS	SOPHOMORE 30-59 UNITS	JUNIOR 60-89 UNITS	SENIOR 90+ UNITS
	<input type="checkbox"/> 1 st year Freshman <input type="checkbox"/> 2 nd year Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior Number of Units: _____

ELIGIBILITY BACKGROUND INFORMATION

1. Did either of your parents/adoptive parents receive a Bachelor's degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If yes, did you regularly live/receive support from the parent/adoptive parent who graduated with a Bachelor's degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>2. Are you a U.S. Citizen? </p> <p>2a. If you are NOT a U.S. Citizen, please answer the following question: Do you have a Permanent Resident Card? </p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Is English your first language? 3a. If No – Your first language is: <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Punjabi <input type="checkbox"/> Other: _____</p> <p>3b. Do you have limited English proficiency?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Are you registered with <i>Services for Students with Disabilities (SSD)</i> at Fresno State?</p> <p>4a. If Yes – Are you a student with a disability requiring accommodations?</p> <p>4b. If Yes – Who is your Disability Management Specialist? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>5. Are you a Fresno State EOP (Educational Opportunity Program) student?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Are you a former FOSTER YOUTH, WARD OF THE STATE, or HOMELESS?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Are you a SINGLE PARENT with dependent children less than 18 years old?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Have you served on active duty in the U.S. MILITARY SERVICE?</p> <p>8a. Veteran </p> <p>8b. Disabled Veteran </p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Have you been out of college for five (5) or more years?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Have you been an undergraduate for more than seven (7) years?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

11. What California High School did you attend?

Year Graduated: _____ City: _____

12. Have you participated in any of the following support programs?

- EOPS (Junior College) Upward Bound Disability Service at previous school
- TRiO (Junior College) Educational Talent Search Department of Rehabilitation
- Other College Programs (please list): _____

FINANCIAL AID INFORMATION

CHECK ALL THAT APPLY TO YOU:

- I am eligible for Federal Financial Aid
- I am NOT eligible for Federal Financial Aid
- I did not apply for Federal Financial Aid
- I COMPLETED the Free Application for Federal Student Aid (FAFSA)
- I plan to submit my Free Application for Federal Student Aid (FAFSA) on: _____

- Additional scholarships, private grants that are not included in financial aid:
Scholarship/Grant Name: Amount:

FAMILY INCOME STATUS

When filing income taxes, do you report as an Independent or Dependent Student? **(Select one)**

Independent Student – a student is considered independent if he/she is 24 years or older, married, a veteran, is/was a foster child or a ward of the court, or has a child that is financially dependent on them, (Must meet at least one of the above criteria)

Dependent Student – A student is considered dependent if he/she is under 24 years old and does not meet any of the criteria to be an independent student.

Please fill out the information below based on the previous year's Federal Income Tax form 1040.
(Independent Student use your or you and your spouse's Form 1040; Dependent Student use your parents/guardians' Form 1040)

Family size: _____

Please check and indicate your family's taxable income:

- Below \$17,820 \$36,451 – \$42,660 Above \$61,336
- \$17,820 – \$24,030 \$42,661 – \$48,870
- \$24,031 – \$30,240 \$48,871 – \$55,095
- \$30,241 – \$36,450 \$55,096 – \$61,335

TRiO SSS-D is Federally Funded by the U.S. Department of Education

REQUIRED DOCUMENTS

Program participation is contingent upon submitting the following appropriate documents. Your application will not be reviewed unless all appropriate documents are turned in when applying:

1. Submit a copy your UNOFFICIAL COLLEGE TRANSCRIPTS, if any, including Fresno State.

2. Submit a copy of your SOCIAL SECURITY CARD. Staff can make a copy in the SSD office for you if needed when you turn in your application materials. ***IF not a U.S. Citizen, you **MUST** be a Permanent Resident Card Holder. Submit a copy of your card when you turn in your application.

3. Submit a brief PERSONAL STATEMENT. Use Microsoft Word, no longer than one page, stating why you are applying for the TRiO SSS-D program. Comment on your expectations, the benefits you hope to receive, and what commitment(s) you are willing to make.

4. Submit an income verification document. You may submit a copy of your W2 or 1040 form that holds your/parents annual income amount. ***If you do not file taxes, please draft out a letter stating that you do not file.

PHOTO RELEASE

I grant permission to the TRiO Student Support Services – Disabilities (SSS-D)) Program, on behalf of California State University, Fresno State and its agents or employees, to use photographs taken of me for use in university publications such as recruiting brochures, newsletters, news print, and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on University web sites or other electronic forms or media, and to offer them for use or distribution in other non-university publications, electronic or otherwise, without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless the TRiO SSS-D, on behalf of California State University, Fresno and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Use Both Name & Photo Use Neither Name or Photo

SIGNATURE DATE

CONFIDENTIALITY POLICY AND RELEASE OF INFORMATION

Information provided to the TRiO Student Support Services – Disabilities (SSS-D) Program regarding a student's academic work is considered confidential. No information about a student is released to any on/off campus individual/agency without the student's written consent.

In order to work effectively with students, TRiO SSS-D may need to share information with, and/or also obtain information from other Fresno State departments, instructors and other professionals who have a legitimate educational need to know. When it is necessary and appropriate to discuss your educational situation with other Fresno State employees and off campus agency individuals, they will be reminded of their obligation to keep this information confidential as mandated by FERPA (Federal Family Educational Rights and Privacy Act of 1974). This may include but is not limited to: Accessibility Services, Student Health and Counseling Services, Academic Advising and Career Education, WorkAbility IV Program and California Department of Rehabilitation. Only information that TRiO SSS-D deems appropriate is released, and only for the following reasons:

- To assess a student's need for TRiO SSS-D services
- To provide appropriate TRiO SSS-D services
- To advocate (when requested) on a student's behalf
- To comply with University/CSU and TRiO SSS-D reporting requirements

I understand that I have a right to receive a copy of this authorization upon my request. I authorize the TRiO SSS-D Program to share information about me under the condition outlined above. I understand that this authorization becomes effective immediately. It shall automatically terminate upon graduation from Fresno State or when I am no longer registered at Fresno State. A photocopy of this form is as valid as the original.

SIGNATURE _____ DATE _____

ANNUAL TRIO SSS-D PARTICIPANT AGREEMENT

As a TRIO SSS-D Program participant, I understand that each academic year, I will need to renew my program participation. I will meet/make contact with my TRIO SSS-D advisor at least twice a semester.

I certify that all the information provided in this application is accurate and complete to the best of my knowledge. If requested, I agree to provide further documentations to verify the information reported.

SIGNATURE

DATE

You may email a portion of your application (excluding social security information), mail, or bring completed application and supporting documents to:

TRIO Student Support Services – Disabilities California
State University, Fresno
5200 N. Barton Ave.,
Library Suite 1202
Fresno, CA 93740

Phone: (559) 278-2073 <https://studentaffairs.fresnostate.edu/sssd/index.html>



Student Support
Services - Disabilities