

## **Fresno State Veteran Students,**

**If you are planning to join the TRIO Student Support Services Veterans (SSSV) program for the 2016-2017 academic year, we will need the following documents to determine your eligibility. These documents will need to be submitted and reviewed prior to the start of the Fall 2016 or Spring 2017 SSSV orientations.**

**An applicant must have the following items completed and submitted before they are assigned an orientation date and time:**

- \* A completed TRIO Student Support Services Veterans' application. All information needs to be accurately filled in.**
  - \* Personal Statement questions must be answered and submitted along with a completed application.**
  - \* Submit a copy of your DD-214. If you are a Veteran of the National Guard, who served on active duty in Iraq and/or Afghanistan, you will need to submit your NGB Form 22.**
  - \* If applicable, submit a copy of your VA disability award letter.**
  - \* Submit a copy of 2015 tax records or public benefits award letter. If you did not submit your tax return for 2015, you must complete a self-reporting form.**
- Note: If participating in one of Fresno State's Veterans Dog Days, you will not need to attend a separate SSSV orientation but this application with documents will need to be submitted.**

**All required documentations will need to be submitted ASAP to Jennifer Garzon in order to be considered for Fall 2016 or Spring 2017. You can submit your completed application with the required supporting documents to Jennifer via email at [jgarzon@csufresno.edu](mailto:jgarzon@csufresno.edu) or in person at the TRIO Program Office located in the Frank W. Thomas Building, Room 111. If you have any questions, please call Jennifer at 559.278.5725.**

**Eluterio L. Escamilla  
TRIO SSSV Director**

**Student Support Services Veterans (SSSV)  
 2016-2017 APPLICATION**

5241 N Maple Ave., Thomas Bldg 111, M/S TA 35, Fresno, CA 93740-8027  
 (559) 278-5725

<http://www.csufresno.edu/ssv>

Date: \_\_\_\_\_

**GENERAL INFORMATION**

1. Name: \_\_\_\_\_  
 (Last Name) (First Name) (Middle)

2. Social Security # **(Required)** \_\_\_\_\_ Student ID#: \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Local Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. CSUF Email Address: \_\_\_\_\_ @mail.fresnostate.edu

6. Cell Phone #: ( ) \_\_\_\_\_ 7. Permanent Phone #: ( ) \_\_\_\_\_

8. Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 9. Sex:  Male  Female

11. Are you a US Citizen?  Yes  No **(If no, please complete #12, check your status, and  
 PROVIDE A COPY OF YOUR I.N.S. CARD.**  
 If yes, please skip to #14.)

12.  Permanent Resident Registration card#: \_\_\_\_\_  
 Nonresident Alien Registration card#: \_\_\_\_\_

13. What is your birthplace? State \_\_\_\_\_ Country \_\_\_\_\_

14. PLEASE ANSWER YES OR NO TO **EACH** OF THE FOLLOWING QUESTIONS:

First Generation  Yes  No

Did either of your parents graduate from a four-year college?  Yes  No

Low Income (Federal guidelines go to: <http://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html>)  Homeless?

Disabled: Do you have a physical or learning disability?  Yes  No

Do you have a Department of Veterans Affairs disability rating?  Yes  No

Are you registered with Services for Students with Disabilities at CSUF:  Yes  No

United States Veteran:  Yes  No Branch of Military Service: \_\_\_\_\_

15. Please circle the highest year in school/college completed by your parents or guardian:

**Mother:** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+ **Father:** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

16. First language spoken: \_\_\_\_\_

**17. Ethnic Identity** (Please enter the code for your group): \_\_\_\_\_ (# & letter if applicable)

1 = American Indian or Alaska Native

2 = Asian Specify: a) Chinese \_\_\_ b) Japanese \_\_\_ c) Korean \_\_\_ d) Filipino \_\_\_ e) SE Asian \_\_\_  
 f) Hmong \_\_\_ g) Cambodian \_\_\_ h) Vietnamese \_\_\_ i) Thai \_\_\_

3 = Black or African-American

4 = Hispanic or Latino Specify: a) Mexican/American \_\_\_ b) Mexican \_\_\_ c) Central American \_\_\_  
 d) South American \_\_\_ d) Cuban \_\_\_ e) Puerto Rican \_\_\_  
 f) Other Latino, Spanish origin, Hispanic \_\_\_

5 = White

6 = Native Hawaiian or other Pacific Islander Specify: a) Hawaiian \_\_\_ b) Pacific Islander \_\_\_  
 c) Guam \_\_\_ d) Samoan \_\_\_ e) Filipino \_\_\_

**ACADEMICS:**

18. Declared Major: \_\_\_\_\_, or Undeclared:  Yes  No

19. How did you hear about the SSSV?(Please check *all* that apply).  Veteran Services  Admissions  
 Outreach  Dog Days  Financial Aid  Veterans Education Program  Student Support Services  
Disability  VA Central CA Health Care System  Fresno County Veterans Services  Central Valley  
Veterans  Omega Delta Sigma  Student Veterans Organization

Referral Source: \_\_\_\_\_

20. Please check all that apply on the table below:

Have you applied for or participated in the following programs?(Please check <i>all</i> that apply).	
<input type="checkbox"/> Educational Opportunity Program (EOP)	<input type="checkbox"/> Services to Students with Disabilities (SSD)
<input type="checkbox"/> Renaissance Scholars Program (RSP)	<input type="checkbox"/> University Migrant Services/CAMP
<input type="checkbox"/> MESA Engineering Program (MEP)	<input type="checkbox"/> Educational Talent Search <i>TRiO</i>
<input type="checkbox"/> Health Careers Opportunity Program (HCOP)	<input type="checkbox"/> Veteran Services
<input type="checkbox"/> Upward Bound/ELL Upward Bound <i>TRiO</i>	<input type="checkbox"/> Veteran Education Program
<input type="checkbox"/> Foster Care/Independent Financial Aid Status	<input type="checkbox"/> Other: _____

**HIGH SCHOOL and/or TRANSFER INFORMATION:** (Please answer all fields)

- 21. First semester enrolled at CSUF:  Fall  Spring  Summer Year \_\_\_\_\_
- 22. How many college units have you completed? \_\_\_\_\_
- 23. Name of college or universities previously attended: \_\_\_\_\_
- 24. Name of high school attended: \_\_\_\_\_

**FINANCIAL INFORMATION:**

- 25. Did you file a Free Application for Federal Student Aid (FAFSA) for the most recent academic year?  
 Yes  No
- 26. List your **taxable income** from the 2015 Year Federal 1040 Tax Return (or the 1040 EZ Form or the 1040 A Form) below:  
Self: 2015 Income: \_\_\_\_\_ Your spouse: 2015 Income: \_\_\_\_\_

**Most recent tax returns are required prior to TRiO selection and will be required in order to attend orientation.**

27. Total size of your household, including yourself and/or other dependents in your family: \_\_\_\_\_

**NEEDS ASSESSMENT:**

28. What TRIO SSSV assistance do you desire or think you will need to succeed in college?
- |  |  |
|--|--|
| <input type="checkbox"/> Selecting a Major           | <input type="checkbox"/> Reading                             |
| <input type="checkbox"/> Selecting a Career          | <input type="checkbox"/> Taking Notes                        |
| <input type="checkbox"/> Academic Advising           | <input type="checkbox"/> Taking Tests                        |
| <input type="checkbox"/> Financial Aid Advising      | <input type="checkbox"/> Stress Management                   |
| <input type="checkbox"/> Tutoring                    | <input type="checkbox"/> Managing Time                       |
| <input type="checkbox"/> Writing Papers/Essays       | <input type="checkbox"/> Study Groups for Classes            |
| <input type="checkbox"/> Graduate School Information | <input type="checkbox"/> Dealing with Personal/Family Issues |
| <input type="checkbox"/> Computer Lab                | <input type="checkbox"/> Other: _____                        |

**EQUAL OPPORTUNITY:**

Thank you for applying to the **TRIO Student Support Services Veterans (SSSV)** program. The U.S. Department of Education provides **TRIO** funding for the **SSSV** grant. **TRIO SSSV** applicants will be considered without regard to race, color, religion, national origin, sexual orientation, marital status or disability.

**DECLARATION:**

Any incorrect information given on this application will affect your eligibility for services from the **TRIO Student Support Services Veterans**. Pursuant to 20 USA 1231a of the U.S. Department of Education, **TRIO Student Support Services Veterans** has the responsibility to request from the applicant and/or guardians any supporting documents to determine eligibility into the program. The information is protected by the privacy act and is kept personal and confidential. No one may see the information unless they work with, or for, **TRIO Student Support Services Veterans**, or are specifically authorized to see it. The information is necessary to determine if the applicant is eligible to participate in **TRIO Student Support Services Veterans**, and helps the program measure the applicant's success. I certify that I have read and agree to the conditions outlined in the statement above. I, the undersigned, declare under penalty of perjury that all the information reported on this application is true, complete and accurate to the best of my knowledge. I understand that any incorrect information on this application may affect my eligibility to receive services from the **TRIO Student Support Services Veterans** program. I hereby authorize any school, college or university to release any academic or financial aid information from my files that is requested by **TRIO Student Support Services Veterans**. I hereby grant permission for my image to be used in relation to **TRIO Student Support Services Veterans** activities, which could take the form of a photograph, video, and/or be used on the **TRIO Student Support Services Veterans** website accessible on the World Wide Web (internet). I understand that only my name and/or image(s) will be used, and under no circumstances will any other personal or confidential information be published.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PERSONAL STATEMENT FALL 2016 OR SPRING 2017**

1. Discuss your personal, educational, and professional goals?

2. Describe one or two challenges or obstacles you have had to overcome, how you overcame them, and what was the outcome(s)?

*I hereby certify that the information provided is true to the best of my knowledge.*

\_\_\_\_\_  
Print full name and signature

\_\_\_\_\_  
Date