



**SAN DIEGO STATE UNIVERSITY  
PARTICIPANT APPLICATION  
STUDENT SUPPORT SERVICES FOR STUDENTS WITH DISABILITIES  
Calpulli Center 3800 \* trio\_sss@sdsu.edu**

The information provided on the TRIO – Student Support Services application is confidential and is used to determine your eligibility, academic need, and motivation to succeed.

**STUDENT INFORMATION**

**Student ID #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Pronouns:** \_\_\_\_\_  
                     (last)                    (first)                    (middle)

**Mailing Address:** \_\_\_\_\_

**SDSUID Email Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Can we text you?**     Yes     No

**What is the best way to contact you?**         Email         Phone         Text

**Birth Date:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Ethnicity (select yes or no):**  
 Yes     No    I am Hispanic or Latino/Latina?

**Race (select yes or no for each):**  
 Yes     No    American Indian/Alaska Native         Yes     No    Native Hawaiian/Pacific Islander  
 Yes     No    Asian     Yes     No    White  
 Yes     No    Black/African American                       Yes     No    Other: \_\_\_\_\_

**ELIGIBILITY**

**RESIDENCY**  
 Yes     No    I am a U.S. citizen, or permanent resident.

**GENERATION STATUS**  
 Yes     No    One or both of my parents earned a 4 – year college degree.

**DISABILITY**  
 Yes     No    I am currently registered with Student Disability Services at SDSU.

**SDSU ENROLLMENT**  
 Yes     No    I am currently enrolled as an undergraduate student at SDSU.

**Department of Rehabilitation**  
 Yes     No    I am a client of the Department of Rehabilitation.  
 Yes     No    I am registered with WorkAbility IV

**DEPENDENCY STATUS**

**Answer yes or no to the following statements to determine if you are an independent or dependent student.**

- Yes  No I am less than 18 years of age and have no parents or guardian.
- Yes  No I will be at least 24 years old by December 31<sup>st</sup> of this year.
- Yes  No I am married.
- Yes  No I have children or other dependents (other than a spouse) who receive more than half their support from me.
- Yes  No At some point after turning 13 years of age, I was an orphan, in foster care, or a ward of the court.
- Yes  No Prior to reaching 18 years of age, I was an emancipated minor or had a court appointed guardian.
- Yes  No I am serving on active duty (for other than training purposes) in the U.S. Armed Forces.
- Yes  No I am a U.S. Armed Forces veteran who was on active duty and was released under a condition other than dishonorable.
- Yes  No I am homeless (lack a fixed, regular, and adequate nighttime residence) or at risk of becoming homeless.

**Independent or Dependent Student Determination**

<input type="checkbox"/> I answered <b>YES</b> to one or more of the above statements. This means I am an <b>INDEPENDENT STUDENT</b> . I must answer the questions below about my income.	<input type="checkbox"/> I answered <b>NO</b> to all of the above statements. This means I am a <b>DEPENDENT STUDENT</b> . My parents/guardians must answer the questions below about their income.
<p><b>What is the total number of persons (including you) in your family?</b> _____                  Include yourself, spouse (if married), and any other individuals claimed on <b>YOUR</b> taxes.</p> <p>What was <b>YOUR</b> filing status and income last year?                  (Check one and provide requested income information)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>I FILED</b> a Federal income tax return last year and my taxable income (not total income) was \$_____.</li> <li><input type="checkbox"/> <b>I DID NOT FILE</b> a Federal income tax return for the last calendar year, but my total income was \$_____.</li> <li><input type="checkbox"/> <b>I HAD NO</b> taxable income during the last calendar year.</li> </ul>	<p><b>What is the total number of persons (including you) in my parents/guardians family?</b> _____                  Include yourself, your parents/guardians, and any other individuals claimed on your parents/guardians taxes.</p> <p>What was your <b>PARENTS/GUARDIANS</b> filing status and income last year?                  (Check one and provide requested income information)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>MY PARENTS/GUARDIANS FILED</b> a Federal income tax return last year and their taxable income (not total income) was \$_____.</li> <li><input type="checkbox"/> <b>MY PARENTS/GUARDIANS DID NOT FILE</b> a Federal income tax return for the last calendar year, but their total income was \$_____.</li> <li><input type="checkbox"/> <b>MY PARENTS/GUARDIANS HAD NO</b> taxable income during the last calendar year.</li> </ul>

**Academic Needs Assessment**

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**What is your career goal?**

\_\_\_\_\_

**How can we help you complete your degree? Check all that apply.**

**Academic Skills:**

- |  |  |
|--|--|
| <input type="checkbox"/> Time Management         | <input type="checkbox"/> Tutoring in _____             |
| <input type="checkbox"/> Test Taking Preparation | <input type="checkbox"/> Research Writing              |
| <input type="checkbox"/> Reading Strategies      | <input type="checkbox"/> Online Research Skills        |
| <input type="checkbox"/> Taking Lecture Notes    | <input type="checkbox"/> Using the Library Databases   |
| <input type="checkbox"/> Giving Presentations    | <input type="checkbox"/> Accessing WebPortal/Canvas    |
| <input type="checkbox"/> Tutoring in Writing     | <input type="checkbox"/> Communicating with Professors |
| <input type="checkbox"/> Tutoring in Math        | <input type="checkbox"/> Other _____                   |

**Academic Advising:**

- |  |  |
|--|--|
| <input type="checkbox"/> Reviewing Academic Accommodations | <input type="checkbox"/> Understanding Course Syllabi    |
| <input type="checkbox"/> Choosing a Major                  | <input type="checkbox"/> Meeting University Requirements |
| <input type="checkbox"/> Reading a Degree Evaluation       | <input type="checkbox"/> Graduate School Planning        |
| <input type="checkbox"/> Selecting Courses                 | <input type="checkbox"/> Exploring Career Options        |
| <input type="checkbox"/> Other _____                       |  |

**Financial Literacy:**

- |   |  |
|---|--|
| <input type="checkbox"/> Completing the FAFSA   | <input type="checkbox"/> Creating a Sustainable budget   |
| <input type="checkbox"/> Financial Aid Advising | <input type="checkbox"/> Identifying Budgeting Resources |
| <input type="checkbox"/> Other _____            |  |

**Student Engagement**

- |  |  |
|--|--|
| <input type="checkbox"/> Joining Clubs/Orgs          | <input type="checkbox"/> Using the Commuter Center     |
| <input type="checkbox"/> Getting Involved with Major | <input type="checkbox"/> Participating in Aztec Nights |
| <input type="checkbox"/> Finding Friends             | <input type="checkbox"/> Leadership Opportunities      |
| <input type="checkbox"/> Other _____                 |  |

**Tell us how the TRIO Student Support Services project can help you accomplish your academic goals:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us which academic courses are more difficult for you:

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Yes  No I give you permission to talk and/or email my professors.

Yes  No I give you permission to talk and/or email my parents.

Yes  No Are you registered to vote?

The above information is true and accurate to the best of my knowledge. I understand that this information will be treated as confidential, but will be reported to the U.S. Department of Education as a condition of this federally funded program. Further, I understand that the Student Support Services Project for Students with Disabilities will review my transcript and financial aid information to verify eligibility, determine appropriate services, and track academic progress.

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Student's Signature

Date

If you are a DEPENDENT student (refer to page 2) your parent/guardian must also sign this application.

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Signature of Student's Parent/Guardian

Date

**For Office Use Only**

Yes  No Student is registered with SDS . Disability Code: \_\_\_\_\_

Yes  N/A For non U.S. citizens, the student is a Permanent Resident (verify via SIMS S18).

Low income: Year \_\_\_\_\_ Family Size \_\_\_\_\_ Income \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Eligibility:  Disabled Only  Disabled and Low Income

Yes  No Recommend Advisor's signature and date: \_\_\_\_\_

Yes  No Recommend Director's signature and date: \_\_\_\_\_

Comments: \_\_\_\_\_

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## TRIO STUDENT PARTICIPATION AGREEMENT

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The TRIO program provides comprehensive student support services designed to enhance academic success, persistence, retention, student satisfaction, and graduation from SDSU. The TRIO program has high expectations of its students; to ensure success you must work cooperatively with the TRIO team.

As a TRIO participant you must make a commitment to the responsibilities outlined below. Please read and initial by each statement.

\_\_\_\_\_ TRIO participants are responsible for understanding the SDSU catalog and their degree evaluation, which describes graduation requirements. If a TRIO participant does not understand their graduation requirements, they shall meet with the TRIO program advisor.

\_\_\_\_\_ TRIO participants are required to communicate with the TRIO program advisor **at least twice a semester** to discuss academic progress.

\_\_\_\_\_ TRIO participants on academic probation **must meet immediately** with the TRIO program advisor to develop an academic plan for getting off probation.

\_\_\_\_\_ TRIO participants agree to participate in **one or more** TRIO SSS program activities each semester. These activities may include academic advising, peer mentoring, academic workshops, and tutoring.

\_\_\_\_\_ TRIO participants enrolled in a RWS class need to meet **at least twice** during the semester with a project tutor.

\_\_\_\_\_ TRIO participants utilizing tutoring shall come to the appointment with the prompt or description of the assignment and any related materials.

\_\_\_\_\_ TRIO participants new to the TRIO program **must** meet with a TRIO staff member to discuss options for financing college.

\_\_\_\_\_ TRIO participants who want help in applying for financial aid, researching scholarships, or creating a sustainable budget shall work with a TRIO staff member.

\_\_\_\_\_ TRIO participants should inform the TRIO program if they are participating in other SDSU support service programs.

I have read and understand this **TRIO Student Participation Agreement** and my signature indicates compliance with these conditions.

Student's

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