



TRiO Student Support Services (SSS) is a federally-funded program designed to assist students who are low-income, first-generation to attend college, or have a documented disability; and who demonstrate academic need and the motivation to achieve their maximum potential in higher education.

Eligibility Criteria

The information you provide is confidential and used to determine eligibility to the program.

You must meet the following requirements, to be considered for TRiO Student Support Services (SSS) at California State University, Long Beach (CSULB).

Eligibility Checklist:

- A U.S. Citizen or Permanent Resident.
- Currently enrolled at CSULB as an undergraduate student.
- Not currently participating in the CSULB Educational Opportunity Program (EOP).
- Demonstrates an academic need.
- Must meet one or more of the following criteria:
 - Considered low-income based on federal income guidelines.
 - First generation college student (the student's parents or guardians have not completed a 4-year college degree).
 - Have a documented disability.

How to Apply

If you meet the eligibility requirements listed above you are encouraged to apply!

- Complete the TRiO Student Support Services Application
- Submit the completed TRiO Student Support Services Application
 - Email:** sssp@csulb.edu
 - By Mail:** TRiO Student Support Services
1250 Bellflower Blvd., Student Success Center, Suite 280 (SSC-280)
Long Beach, CA 90840

Admittance Notification

Admitted students will be invited to attend a mandatory orientation to secure program enrollment.

- Applicants are notified through their CSULB student email account. CSULB requires all official University communication to be sent to the student's assigned CSULB email address.
- Orientation sessions will be held once each month.



STUDENT INFORMATION

As a federally funded program, TRiO Student Support Services, requires the following information to determine eligibility for participation (see page 1). The information provided on this application is for program use only and is kept confidential.

Students enrolled in the CSULB Educational Opportunity Program (EOP) are not eligible for the TRiO Student Support Services (SSS) program.

Last Name:

Provide full, legal name

First Name:

CSULB ID:

CSULB Email:

Date of Birth:

Phone:

Sex: Select the appropriate option for legal sex.

Male Female

Hispanic Origin:

Yes, I am of Hispanic, Latino, or Spanish origin.

Race: Select one or more groups of which you identify with.

American Indian/Alaskan Native Native Hawaiian/Pacific Islander
Asian White
Black/African American

ELIGIBILITY INFORMATION

CITIZENSHIP or RESIDENCY INFORMATION: Select ONE option.

Yes, I am a U.S. Citizen

SSN number: XXX - XX -

Provide only the last four digits of your social security number.

Yes, I am a Permanent Resident

A-Registration number:

Provide the number listed on your permanent resident card.

Yes, I intend to become or am in the process of becoming a U.S. Permanent Resident

Proof of official USCIS documentation is required, for program staff to make eligibility determination

FIRST GENERATION INFORMATION: Check all that apply.

Neither, my parent(s) nor legal guardian earned a 4-year college degree

Yes, my MOTHER earned a 4-year college degree

Yes, my FATHER earned a 4-year college degree

Yes, my Legal Guardian earned a 4-year college degree

DISABILITY INFORMATION: Check all that apply.

Not Applicable, I do not have a documented disability nor am I registered with BMAC

Yes, I have a documented disability

Yes, I have a documented disability and currently registered with the Bob Murphy Access Center (BMAC)



DEPENDENCY INFORMATION

Answer Yes or No to the following statements to determine if you are an independent or dependent student.

- Yes No I will be at least 24 years old starting this academic year
- Yes No As of today, are you married? (answer “Yes” if you are separated but not divorced.)
- Yes No Do you have or will you have dependents who receive more than half of their support from you between July 1st and June 30th of this academic year?
- Yes No Are you currently serving on active duty or a Veteran in the U.S. armed forces?
- Yes No At any time since you turned age 13, were both of your parents deceased, were you in foster care, or were you a ward or dependent of the court?
- Yes No Are you an emancipated minor or are you in a legal guardianship as determined by a court?
- Yes No Are you an unaccompanied youth who is homeless or self-supporting and at risk of being homeless?

HOUSEHOLD INCOME and SIZE

Select **ONE**, based on the answers provided in the Dependency Information section, above.

I answered **YES to AT LEAST ONE** of the Dependency Information statements, above.

Complete the INDEPENDENT STUDENT section in the table below.

I answered **NO to ALL** of the Dependency information statements, above.

Complete the DEPENDENT STUDENT section in the table below, **with your parent or guardian**.

Table 1: Low-Income Information. **Complete one side only**, based on the option selected above.

INDEPENDENT STUDENT	DEPENDENT STUDENT
Provide the total number of persons in your household , including yourself	Provide the total number of persons in your PARENTS/GUARDIANS household , including yourself
Select ONE and complete the required information	Select ONE and complete the required information
Yes, I filed a federal income tax return last year Provide the STATE you filed taxes in \$ Provide your TAXABLE INCOME amount	Yes, my PARENTS or GUARDIANS filed a federal income tax last year. Provide the STATE they filed taxes in \$ Provide their TAXABLE INCOME amount
No, I DID NOT FILE a federal income tax return last year. \$ Provide YOUR TOTAL INCOME last year	No, my PARENTS or GUARDIANS DID NOT FILE a federal income tax return for the last year. \$ Provide THEIR TOTAL INCOME last year
No, I did not have a taxable income last year	No, my PARENTS or GUARDIANS did not have taxable income last year



ACADEMIC NEEDS ASSESSMENT

Check all services that interest or may benefit you:

- | | |
|---|--------------------------------------|
| Academic and Career Advising | Assistance with Completing the FAFSA |
| Major Selection and Degree Planning | Education Financial Planning |
| Academic Tutoring Resources and Referrals | Money Management |
| Graduate School Advising and Planning | Professional Development |
| Finding Scholarships and Financial Aid Programs | |

Check all items that motivate you to stay in school and receive your Bachelor's degree:

- | | |
|---|---------------------------------------|
| Continuing my Education after Bachelor's Degree | Establishing a Meaningful Career Path |
| Expanding my Knowledge and Building Skills | Personal Development |

Check all obstacles you are anticipating or are currently facing in college:

- | | |
|--|--|
| Limited Access to Technology | Locating and Using College Resources |
| Family Responsibilities | Nearing Probation or Disqualification |
| Secure Housing and/or Transportation | Assistance in Understanding Campus Policies |
| Experiencing Financial Difficulties | Lack of Educational or Career Goals |
| Seeking Employment or Internship | Undecided Major and/or Career Paths |
| Seeking Personal Support and Resources | Lack of Preparedness for College Level Course Work |
| Desire a Sense of Community | Need Academic Support to Raise College Grades |

Tell us how TRiO SSS can help you accomplish your academic goals:



AFFIDAVIT OF TRUTH AND CERTIFICATION OF RELEASE OF INFORMATION

All signatures below acknowledge agreement and understanding of all 3-statements below.

All dependent students must acquire their parent or legal guardian signature.

Refer to the Dependency Status section.

PARENT or GUARDIAN SIGNATURE:

Date:

The legal parent or guardian must sign if the student is a dependent student.

Initial: I, the parent/guardian, acknowledge, agree, and understand that the answers on this application are true and accurate to the best of my knowledge.

Initial: I, the parent/guardian, a grant permission as stated within the CSULB photo release provided with this application.

STUDENT SIGNATURE:

Date:

An original student signature is required.

Initial: My answers on this application are true and accurate to the best of my knowledge.

Initial: I, the student, hereby authorize the release of my student academic records to the SSS staff for the purposes of; assessing my need for services, monitoring academic progress, evaluating program effectiveness, fulfilling program-reporting requirements, and advocating on my behalf with CSULB campus partners.

Initial: I, the student, understand that meeting minimum eligibility requirements is not a guarantee of my acceptance into the TRiO SSS Program at CSULB.

PHOTO RELEASE

I grant permission to California State University, Long Beach/California State University (CSULB/CSU), its employees, and agents, to take and use visual images, video, and audio recordings of me.

I agree that CSULB/CSU owns the images, video, and audio and all rights related to them.

The images, video, and audio may be used in any manner or media without notifying me, such as university-sponsored Web sites, publications, promotions, broadcasts, advertisements, posters and theater works.

I waive any right to inspect or approve the finished images, video, and audio or any printed or electronic matter that may be used with them.

I release CSULB/CSU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, video, and audio, from any claims, damages or liability which I may ever have in connection with the taking or use of the images, video, and audio or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, and I freely accept the terms.

STUDENT SIGNATURE:

Date:

An original student signature is required