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|  | University of South Carolina –Salkehatchie Opportunity Scholars Program Application |

## TRiO Student Support Services (SSS) is a federal program funded by a grant from the Department of Education. The purpose of TRiO SSS is to support participants in achieving academic success. Students are accepted to the TRiO SSS program based on academic need, eligibility criteria, and space availability. To determine your qualification for the program, please fill out the following application completely and accurately. The information you provide is strictly confidential. Completion of this application does not guarantee acceptance into the program.

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| Applicant Information (Please Print) | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Full Name:** |  |  |  | |  | Last | First | M.I. | | **Address:** |  |  |  | |  | Street Address |  | Apartment/Unit # | |  |  |  |  | |  | City | State | ZIP Code | | **Home Phone:** | ( ) | **Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_** |  |   **Opt in for text alerts regarding OSP**? \_\_\_\_\_\_Yes \_\_\_\_\_\_No   |  |  | | --- | --- | | **Gender:** | Male \_\_\_\_ Female\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | **Have you previously participated in a TRiO program?** | \_\_\_\_SSS \_\_\_\_TS  \_\_\_\_\_No **VIP Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_UB \_\_\_\_EOC  **Email address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Did your mother earn a 4-year degree? \_\_\_\_Yes \_\_\_\_No  Did your father earn a 4-year degree? \_\_\_\_Yes \_\_\_\_No  With whom did you primarily live with before your 18th birthday? \_\_\_\_Mother \_\_\_\_Father \_\_\_\_Both  \_\_\_\_Neither(please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Racial or Ethnic Group (more than 1 can be marked) | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | American Indian/Alaskan |  | Asian |  | Black/African American | |  | Hispanic/Latino |  | White/Caucasian |  | Native Hawaiian/Pacific ISL | | | | | | | |
| **Citizenship:** |  | US |  | Perm Resid |  | Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If applicable, please include a copy (Front & Back) of your I-90 card. | |
| **Release Information:**  As a participant in TRiO Student Support Services, I authorize SSS staff to keep a file containing my application and intake materials, service and tutoring records, academic transcripts, and any other documents which might enable the SSS staff to better assist me in my educational endeavors. I give my consent to the SSS staff to share and receive information pertinent to my academic progress and participation in the program with the Academic Advising Center, Disability Support Services, Registrar’s Office, Financial Aid, and any other relevant academic/student affairs department. I permit SSS staff to inquire about my class attendance, class work, and class grades; I give my instructors permission to release such information to TRiO SSS staff when requested. I also authorize my picture to be taken by SSS staff when attending events, trips, workshops, etc…when used for the sole purpose of promoting/displaying SSS/TRiO program services. I certify that the information on this application is true and accurate to the best of my knowledge.  Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:

(Please Print)

**VERIFICATION OF INCOME**

Please complete the form below and return to TRiO Student Support Services. This form is to verify your income and household size for income eligibility from your federal income tax document. If you are a dependent student and are claimed on your parent’s/guardian’s income taxes, then please have your parent/guardian complete the form below and return to us. Thank you!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, verify the following is accurate

(Student’s name or Parent, if student is a dependent)

description of my household size and taxable income.

**Household Size**\_\_\_\_\_\_\_\_\_\_

**Taxable Income Amount for 2018** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This can be found on: Form 1040 Line 43**

**Form 1040A Line 27**

**Form 1040EZ Line 6**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Parent Name (Please Print)

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| **Size of Family Unit** | **Maximum allowed income for TRiO SSS program acceptance** |
| **1** | **$18,735** |
| **2** | **$25,365** |
| **3** | **$31,995** |
| **4** | **$38,625** |
| **5** | **$45,255** |
| **6** | **$51,885** |
| **7** | **$58,515** |
| **8** | **$65,145** |

Set by the Federal TRiO Programs. Effective January 11, 2019 until further notice.

The SSS Program is funded in total (100%) by federal grant funding from the U.S. Department of Education, with an annual budget of $257,086. For questions and other information, please contact TRiO Student Support Services at 501-332-0288.

May change with each new year.