

Referred by: _____

Please print (if applicable)



University of South Carolina –Salkehatchie Student Support Services Application

Student Support Services (SSS), also known as the Opportunity Scholars Program (OSP), is a federally funded grant through the Department of Education. The purpose of SSS is to support participants in achieving academic success. Students are accepted to SSS 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.

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 ____SSS ____TS
participated in a ____No VIP Number: _____

TRiO program? ____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 Resident Other (please specify): _____
If applicable, please include a copy (Front & Back) of your I-90 card.

Release Information:

As a participant in SSS, I authorize the SSS staff to keep a file containing my application, intake materials, service and tutoring records, academic transcripts, and any other documents necessary 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 the 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 events and services. I certify that the information on this application is true and accurate to the best of my knowledge.

Student Signature: _____ Date: _____

Student Name: _____
(Please Print)

Today's Date: _____

VERIFICATION OF INCOME

Please complete the form below and return to 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 that the following is an
(Student's name or Parent, if student is a dependent)

accurate description of my household size and taxable income.

Household Size _____

Taxable Income Amount for 2017 \$ _____

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)

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.
Income chart may change yearly.

