



**California State University, Northridge
EOP/TRIO Student Support Services Program
Application**

Please read the application thoroughly and answer all questions, incomplete applications will not be processed. Submit the completed application material to EOP/TRIO Student Support Services Program Office located in Bayramian Hall 220. If you have any questions, please contact the office at (818) 677-2358.

Section One: Applicant Information

Last Name: _____ First Name _____ Middle Initial _____

Mailing Address: _____ City _____ Ca. Zip Code _____

Cell Phone: (____) _____ Message Phone: (____) _____

CSUN Student ID Number _____

Please **mark only one**, U.S Citizen **OR** U.S Permanent Resident:

Are you a U.S citizen? Yes No If no, please specify _____

OR

Are you a U.S Permanent Resident? Yes No A# (green card): _____

Date of Birth _____ Gender: Female Male

CSUN Email Address: _____ Alternate Email: _____

Section Two: Ethnic Background

- | | |
|--|---|
| _____ African-American/Black | _____ Native Hawaiian or Pacific Islander |
| _____ Asian | _____ White |
| _____ American Indian or Alaska Native | _____ Multiracial (please specify) _____ |
| _____ Mexican-American | _____ Hispanic/Latino |
| _____ Decline to state | |

Section Three: Academic Status

Present Semester (circle one): Fall Spring Summer Year: _____

Class Standing: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Enrollment Status: Part-time Full-time

Major: _____ Minor (if applicable): _____

Are you currently in good academic standing? Yes No GPA _____

Expected CSUN Graduation Date: _____

Transfer Student? Yes No If yes, name of previous institution: _____

Have you participated or are you currently participating in any of the following programs/services? Please check all that apply to you.

Upward Bound Talent Search Community College SSS or EOPS

CSUN EOP Other: _____

Which services would you be interested in receiving? Please check all that apply to you.

Academic Advisement Personal Development

Career Counseling Mentoring

Financial Aid Information & Management Tutoring: _____
(Subjects)

Graduate School Information & Preparation Workshops

Freshman Only

What high school did you attend? (Name and city) _____

High School cumulative GPA: _____

Section Four: Emergency Contact

Name: _____ Relationship to you: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Section Five: Financial Status

The Student Support Service Program is funded by the U.S. Department of Education and is intended to serve low-income and/or first generation and/or disabled college students interested in receiving program services. **It is imperative that you complete this section accurately.**

1. Please indicate the number of people living in your household (Include yourself).

Number of Family Members: _____

2. Did you or your parent/guardian file a tax return? Yes No

3. What is your TOTAL TAXABLE INCOME? \$ _____ per year.
Please see line 15 on form 1040

4. What is your ADJUSTED GROSS INCOME? \$ _____ per year.
Please see line 11 on form 1040

5. How did you file? Married/Jointly Head of Household Single/Married Filing Separately

The following section **MUST be filled out for applicants that DO NOT FILE Annual Federal Tax Forms.**

1. **Income from Work-** If applicant's family DID NOT file an IRS Tax Form, what was the parent's annual income from work?
\$ _____ per year

2. **Other income-** If applicant's family receives other forms of income or assistance, please provide the monthly amount for each type of aid.

	<i>Father/ Mother</i>	<i>Guardian</i>
<input type="checkbox"/> Unemployment	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Disability	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Social Security	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Public Assistance (TAFT)	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Child Support	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Other _____	\$ _____ per month	\$ _____ per month

I certify the information provided above is true and correct to the best of my knowledge. I understand that all information shared with TRIO Student Support Services and California State University, Northridge is strictly confidential.

Parent/Guardian Name (please print) _____ Relationship _____

Parent/ Guardian's Signature **X** _____ Date _____

All information on this application is held in full confidence.

Section Seven: Application Signature

I certify that above information is true and accurate. I authorize the release of official school records to CSUN EOP/TRIO Student Support Services Program. I understand that the information in these records will be used only to assess my need for program services, discern my educational progress, evaluate the effectiveness of program activities, and fulfill program-reporting requirements. In addition, I hereby give permission for my name, photograph, and/or statements to be used by the EOP/TRIO Student Support Services Program for promotional, publicity or instructional purposes.

Student's Signature

Date

If you are a *dependent* student (under the age of 18) your legal guarding must sign below.

Guardian's signature: _____

Date: _____

CONFIDENTIAL

Return Application to
EOP/TRIO Student Support Services
Bayramian Hall 220
18111 Nordhoff Street
Northridge, Ca 91330
818-677-2358
818-677-2468 (Fax)

Email Address: triosssp@csun.edu

FOR OFFICE USE ONLY:

Date Application Submitted: _____
Class Standing: FR___ SO___ JR___ SR___
Transfer: Yes___ No___
Major: _____
Application Completed: Yes___ No___

Financial Aid:
Family's Verified Taxable Income: \$ _____
Family Size: _____ Gross Need: \$ _____
Unmet Need: \$ _____ Award: \$ _____

Document Requests:	Date Submitted:
Student Aid Report	
Unofficial Transcripts	
California ID/License	

Eligibility:
Low Income: _____
First Generation: _____
Both: _____
Disability: _____
Enrolled Full Time: _____
Veteran: _____
U.S Citizen/ Resident: _____
Foster Youth: _____

Decision:
Accepted___ Denied___ Pending___
Date: _____
Assigned Mentor: _____
Acceptance Notification Date: _____
Director's Signature: _____

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