

# Application for Participation

## DEMOGRAPHICS

Name: \_\_\_\_\_ Start Date at Finn U: \_\_\_\_\_

SS#: \_\_\_\_\_ Finlandia I.D. #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
Street or Box Number City State Zip

Local Area Address: \_\_\_\_\_  
Street # or Box # or Dorm # City State Zip

Permanent Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
Name Phone # Relationship

## INCOME

**Taxable Income:** ☐ \$17,655 – 23,894 ☐ \$23,895 - \$30,134 ☐ \$30,135 - \$36,374 ☐ \$36,375 - \$42,614  
☐ \$42,615 - \$48,854 ☐ \$48,855 - \$55,094 ☐ \$55,095 - \$61,335 ☐ \$61,335 and over

How many people live in your house including yourself? \_\_\_\_\_

## FIRST GENERATION

### Parent's Education

(What Is The Highest Level Of Education Reached By Your Natural parent which whom you resided.)

Father's Education: (Highest Level) ☐ Jr. High ☐ High School ☐ Some College ☐ 2 year degree ☐ 4 year degree or higher

Mother's Education: (Highest Level) ☐ Jr. High ☐ High School ☐ Some College ☐ 2 year degree ☐ 4 year degree or higher

## DISABILITY

Are you an individual with a documented physical and/or learning disability?: ☐ Yes ☐ No  
(Documentation must be on file in the Disabilities Program Director's Office)

## DEPARTMENT OF ED STATISTICS

☐ Male ☐ Female **U.S. Citizen:** ☐ Yes ☐ No **Veteran:** ☐ Yes ☐ No **Hispanic** ☐ Yes ☐ No

**Race:** ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American  
☐ Native Hawaiian/Pacific Islander ☐ White

**Marital Status:** ☐ Single ☐ Married ☐ Widow ☐ Divorced **Children:** ☐ Yes ☐ No How many: \_\_\_\_\_

## **STUDENT'S EDUCATION**

Degree enrolled in at Finn U: Major: \_\_\_\_\_ ☐ Associates ☐ Bachelors

☐ First-Time College Student ☐ Transfer Student ☐ Continuing at Finn U ☐ Re-enrolled at Finn U

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

GED: ☐ Yes ☐ No Year Awarded: \_\_\_\_\_ Scores: ACT: \_\_\_\_\_ SAT: \_\_\_\_\_

## **RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, authorize permission for TRiO Student Support Services to have access to transcript, assessment, placement, and testing information in my files. I understand that this information is necessary to obtain academic support services from the TRiO Student Support Services Program. I further understand that any information about me is confidential. This information is not to be shared with any other individual or agency without my expressed consent.

## **RELEASE OF FINANCIAL INFORMATION**

I, \_\_\_\_\_, give my consent for the TRiO Student Support Services Program to have access to and to hold the copies of my financial aid records and my federal income tax information, to confirm my income eligibility requirement for the program as stipulated by the U.S. Department of Education. All financial records will remain confidential and will not be shared with other individuals or agencies without my expressed consent.

If you are a **DEPENDENT STUDENT** according to Financial Aid Guideline please complete the following:

Parent(s) or Guardian(s) Name(s): \_\_\_\_\_

## **PRIVACY ACT**

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that the Department of Education is authorized to collect information to implement the Student Support Services Program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, Sec. 402D). In accordance with this authority, the Department receives and maintains personal information on participants in the Student Support Services program. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing the information on this form, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of their official duties.

I certify that all the above information is true and complete to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date