

# 2021-2022 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 Residence Hall Rm # City State Zip

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

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

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

## PROGRAM ELIGIBILITY

### INCOME VERIFICATION

- I was a dependent student on my 2021-22 FAFSA (Your parents' income is included on your on FAFSA)
- I was an independent student on my 2021-22 FAFSA (Your parents income is not reported on FAFSA)

#### **Family Size**

*this is the number of family Members including yourself in your primary home*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

#### **Taxable Income Range**

*this is from your federal tax form*

- \$0.00 - \$19,320
- \$19,321 - \$26,130
- \$26,131 - \$32,940
- \$32,941 - \$39,750
- \$39,751 - \$46,560
- \$46,561 - \$53,370
- \$53,371 - \$60,180
- \$60,181 - \$66,990
- \$66,991 - \$73,800
- \$73,801 - \$80,610
- \$79,611 - \$87,420
- \$87,420 - \$94,230
- \$94,231 - \$101,040
- \$101,041+

#### **Taxable Income:**

2019 Federal Tax  
 Form 1040 line 11b  
 Or  
 2020 Federal Tax  
 Form 1040 line 15

***Taxable Income: is your income after deductions. It is NOT the income listed on your W2, check stub or your adjusted gross income.***

### FIRST GENERATION

#### **Parent's Education**

What is the highest level of education reached by your biological or adoptive parent which whom you resided. (Report only for the biological or adoptive parent in your primary household)

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

Prior to the age of 18, I did not regularly reside with or receive support from a natural or an adoptive parent:

### DISABILITY

Are you an individual with a documented disability of any kind?  Yes  No

## DEPARTMENT OF ED STATISTICS

Gender:  Male  Female

U.S. Citizen:  Yes  No

Veteran:  Yes  No

Race:  American Indian/Alaskan Native  
 Native Hawaiian/Pacific Islander

Asian  
 Hispanic

Black/African American  
 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.

## 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.

If you are dependent, meaning that your parent(s) income is included on your FAFSA, a parent or legal guardian must sign this form. If you are independent, meaning that your parent(s) income is not included on your FAFAS, only you need to sign below. Thank you!

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature  
(if student is dependent on FAFSA)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date