

2022-2023 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

Cell Phone # _____

Finn U Email Address: _____

Email Address: _____

PROGRAM ELIGIBILITY

INCOME VERIFICATION

- I was a dependent student on my 2022-23 FAFSA (**Your parents' income is included on your on FAFSA**)
 I was an independent student on my 2022-23 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 - \$20,385
 \$20,386 - \$27,465
 \$27,466 - \$34,545
 \$34,546 - \$41,625
 \$41,626 - \$48,705
 \$48,706 - \$55,785
 \$55,786 - \$62,865
 \$62,866 - \$69,945
 \$69,946 - \$77,025
 \$77,026 - \$84,105
 \$84,106 - \$91,185
 \$91,186 - \$98,265
 \$98,266 - \$105,345
 \$105,345+

Taxable Income:

**2020 Federal Tax
Form 1040 line 15
Or
2021 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

Office use only

Qualify Does not Qualify

LF LI FG LDIS DIS