



**UNIVERSITY OF THE INCARNATE WORD**  
**TRiO Student Success Program**  
**2009- 2010 Application**



Today's Date: \_\_\_\_\_

(Please Type or Print in Black or Blue Ink)

**NAME** \_\_\_\_\_ **SSN** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

**PIDM:** \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Male  Female

U.S. CITIZEN   
 OTHER  (Specify) \_\_\_\_\_

PERMANENT RESIDENT\*   
 \*Please provide INS Documentation

**CONTACT INFORMATION**

**Permanent Contact Information**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone# \_\_\_\_\_ Alternate Phone# \_\_\_\_\_

E-mail \_\_\_\_\_

**Contact Information for the School Year** (Please choose one of the following):

\_\_\_\_\_ I will be living off-campus (**not** in a dorm).

\_\_\_\_\_ I will be living on-campus (in a dorm).

**ETHNICITY**

\_\_\_\_\_ African-American/Black                      \_\_\_\_\_ Native American Indian/Alaskan Native  
 \_\_\_\_\_ Asian-American                                      \_\_\_\_\_ Hispanic  
 \_\_\_\_\_ Caucasian (non-Hispanic)                      \_\_\_\_\_ Other (specify) \_\_\_\_\_

**ACADEMIC HISTORY**

Please choose one of the following and provide the requested information:

\_\_\_\_\_ High School Graduate ..... Graduation Date \_\_\_\_\_

High School \_\_\_\_\_ Cumulative Grade Point Average (GPA) \_\_\_\_\_

\_\_\_\_\_ GED..... GED Award Date \_\_\_\_\_

➤ Have you previously attended any colleges or universities?.....Yes  No

➤ Have you completed any dual credit or advanced placement credits?.....Yes  No

If yes, where: \_\_\_\_\_ Credit Hours Earned: \_\_\_\_\_

➤ What semester do you plan to begin your studies at the University of the Incarnate Word?

\_\_\_\_\_ Spring 2009      \_\_\_\_\_ Summer 2009      \_\_\_\_\_ Fall 2009

➤ Have you "**declared**" a major?.....Yes  No

If **yes**: What major? \_\_\_\_\_ What minor? \_\_\_\_\_

If **no**: What subjects interest you? \_\_\_\_\_

\_\_\_\_\_

***ELIGIBILITY REQUIREMENTS***

To apply for possible admission into the TRIO Student Success Program, you must qualify under **only one** of the following three categories. However, **please complete all areas**.

**Statement of Confidentiality:** The information requested on this form will be used to determine your eligibility for the TRIO Student Success Program. *All information provided is confidential and will not be released without your written permission.*

**First Eligibility Category-First Generation in College Students**

The Department of Education (DOE) defines a first-generation college student as an individual who grew up in a household where neither parent has completed a four-year degree before the individual turned 18. Individuals who grew up in foster care are automatically considered first-generation.



➤ According to the above definition, are you a first- generation college student?.....Yes  No

**Mother's Name** \_\_\_\_\_  
First Middle Last

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

Indicate college degree(s) earned, if any: Associates  Bachelor's  Master's  Doctorate

**Father's Name** \_\_\_\_\_  
First Middle Last

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

Indicate college degree(s) earned, if any: Associates  Bachelor's  Master's  Doctorate

**Please check yes or no if you grew up in foster care?.....Yes  No**

**Second Eligibility Category-Students with a Disability**

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➤ Are you an individual with a diagnosed disability?.....Yes  No

If **yes**, please check all that apply:

- |                         |                          |   |                          |
|-------------------------|--------------------------|---|--------------------------|
| Learning Disability     | <input type="checkbox"/> | Psychological Disability                              | <input type="checkbox"/> |
| Deaf/Hard of Hearing    | <input type="checkbox"/> | Blind/Visual Impairment                               | <input type="checkbox"/> |
| Mobility Impairment     | <input type="checkbox"/> | Health Impairment                                     | <input type="checkbox"/> |
| Neurological Impairment | <input type="checkbox"/> | Other <input type="checkbox"/> (Please specify) _____ |                          |
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**Third Eligibility Category-Pell Grant Eligible Students**

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***Income Information***

Please provide the following **two** to verify income:

- A signed copy of a United States or Puerto Rico income tax return **OR** a copy of verification from another governmental source
- A *Financial Assistance Award Letter* from UIW for the 2009-2010 school year

**NOTE:** If you are over the age of 24, married, *or* have a dependent child, please provide **your** income information. Otherwise, please provide your parent/guardian’s income information.

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➤ What was the size of your family (living at the same address) for the previous tax year? \_\_\_\_\_

➤ To determine whether you meet the U.S. Department of Education’s income guidelines under this category, please complete **both** of the following sections (A and B) in this category

A) My parent’s/my income for last year was: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Please print your name

B) I am eligible for and/or have received a Pell Grant for the 2009-2010 Academic School Year.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Please print your name

*All **TRIO Student Success Program** services are funded by the U.S. Department of Education. Educational opportunities are offered by the University of the Incarnate Word without regard to race, color, age, national origin, religion, gender or disability.*

## APPLICATION PROCESS CHECKLIST

***Your application will not be considered until you have submitted all the necessary documents and/or information listed below*** ↗

### HAVE YOU

1. Completed all sections of the application form?.....Yes  No
2. Provided a photocopy of INS documentation, *if applicable*?.....Yes  No
3. Enclosed a photocopy of the appropriate IRS 1040 form for proof of income (*if you qualify as a Pell Grant eligible student*).....Yes  No
4. Enclosed a photocopy of your *Financial Assistance Award Letter* from UIW for the 2009-2010 school year..... Yes  No
5. Provided a copy of your high school transcript and/or college transcript?.....Yes  No

**Please sign and date this application before returning it:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***When completed, please return this application by mail to:***

**TRiO Student Success Program  
University of the Incarnate Word  
4301 Broadway, CPO #28  
San Antonio, Texas 78209**

***Or in person to:***

**University of the Incarnate Word  
Administration Building (AD) Room 225**

**Please call 805-5812 if you need any assistance completing this form  
or if you need the application in an alternate format**

### *For Office Use Only*

**Student ID #:** \_\_\_\_\_

**Eligibility:**     1     2     3     4     5     0

**Acad. Need:**  1     2     5     6     7     8     9     10     11     12     13     14     15