Program Application for 2015-16
Student Support Services & Fostering Success@NAU

As a federally funded TRIO program, Student Support Services is required to provide documentation of a student’s eligibility for the program to the U.S. Department of Education and implement the TRIO regulations that state two-thirds of the students served must meet federal low-income guidelines. The U.S. Department of Education provides more information about TRIO and eligibility requirements online at www.ed.gov/ope/trio.

Student Information

____________________________________  __________________________________________  ________
Last Name                                First Name                                NAU Student ID Number

____________________________________  __________________________________________  ________
NAU email address                        Preferred Phone Number

Program Eligibility

☐ Yes  ☐ No     Are you a U.S. citizen, U.S. national, or U.S. permanent resident?

☐ Yes  ☐ No     Has either of your parents (natural or adoptive)/legal guardians received a bachelor’s degree?

☐ Yes  ☐ No     Do you have a disability (physical or mental impairment that substantially limits one or more major life activities)?

☐ Yes  ☐ No     Were you in foster care at anytime since you turned age 13?

Income Verification

All applicants must complete this section, whether or not you believe you qualify as low-income.

Verification requirements for TRIO vary depending on whether students are independent or dependent. A list of federal criteria for independent student status is available at www.fafsa.ed.gov.

Information for the most recent tax year, 2014.

☐ I was an independent student (typically age 24 or older, married or emancipated; parental income is not reported on the FAFSA): complete and sign Part A.

☐ I was a dependent student (younger than 24, unmarried or not emancipated; parental income is reported on the FAFSA): parent/guardians must complete and sign Part B.

<table>
<thead>
<tr>
<th>Part A – Student Independent Students</th>
<th>Part B – Parent/Guardian (Dependent Students only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Exemptions*:  or number of people in household</td>
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<tr>
<td>Taxable or total Income^: $</td>
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<tr>
<td>Student Name (please print)</td>
<td>Parent/Guardian Name (please print)</td>
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<tr>
<td>Student Signature</td>
<td>Parent/Guardian Signature</td>
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<tr>
<td>Date</td>
<td>Date</td>
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*Exemptions: Forms 1040 or 1040A, line 6D. If taxes were not filed, report number of people in household.

^Taxable Income: Form 1040 line 43, or Form 1040 A line 27, or Form 1040 EZ line 6. If taxes were not filed, please report total income from all sources.
Program Needs for the 2015-16 Academic Year

Academic Assistance (check all that apply):

☐ Tutoring - Topic(s): ____________________________________________________________
☐ Supplemental Instruction (SI)
☐ Learning Styles
☐ Time/Self Management
☐ Procrastination
☐ Test Taking Strategies
☐ Test Anxiety
☐ Final Exam Preparation
☐ Textbook Reading Strategies
☐ Note-taking Strategies
☐ Writing Papers
☐ Conducting Research
☐ Other: ________________________________________________________________

Advising

☐ Course Selection
☐ Major/Minor
☐ BA/BS Decision
☐ Degree Progress
☐ Transition to NAU
☐ Relationships/Friends
☐ Stress Management
☐ Counseling Services

Financial

☐ Budgeting
☐ FAFSA
☐ Grants & Scholarships
☐ Loans & Debt
☐ Planning
☐ Applications
☐ Funding

Personal Concerns

☐ Transition to NAU
☐ Relationships/Friends
☐ Stress Management
☐ Counseling Services

Graduate/Professional School

☐ Planning
☐ Applications
☐ Funding

Securing Basic Needs

☐ Winter break housing
☐ Food Resources
☐ Textbooks

Other

☐ Career Planning
☐ Goals/Decision Making
☐ Other: __________________

Release and Affidavit

I authorize the Student Support Services program to include my name and/or picture in publications, including print and electronic publications, and waive any right to inspect or approve the finished versions. Initial here if you do NOT want your name and/or picture to be used in publications: __________.

I verify that all of the information on this form is accurate and complete to the best of my knowledge. This information will be kept confidential and used only by Student Support Services to verify my eligibility. I also grant my permission to Student Support Services personnel to review, release, obtain, and/or make copies of all necessary NAU documents to determine eligibility or enhance the effectiveness of the program and/or my success. If I identify a disability, I grant NAU personnel permission to release necessary information to Student Support Services personnel for the purpose of validating my eligibility for the Student Support Services program.

Applicant Signature ____________________________ Date ____________________________

Priority Deadline: August 1st

Applications are accepted until the program is full.

All notices of acceptance will be sent to the student’s NAU email account.

Return completed applications to the office:

Mail
Student Support Services
Northern Arizona University
PO BOX 6035
Flagstaff, AZ 86011-6035

Fax
(928) 523-9444

Scan & Email
student.support.services@nau.edu