

Student Support Services Application



TRIO Student Support Services (SSS) is a federal program funded by a grant from the U.S. Department of Education. The SSS grant provides opportunities for academic development, assists students with basic college requirements, and serves to motivate students toward the successful completion of their post-secondary education. The goal of the SSS grant is to increase the college retention and graduation rates of its participants.

The SDES TRIO Center offers two SSS programs:

- PRIME STEM for students in Science, Technology, Engineering, Math (STEM), and Health Science majors (124 qualified students)
- Project BEST for students in all majors at UCF (144 qualified students)

Students are accepted to an SSS program based on eligibility criteria, academic need, and space availability. Completion of this application does not guarantee acceptance into either program.

Applicant Checklist

Official application
Appreciative Advising Inventory
Signed Student Agreement
For applicants with high financial need, proof of income is required. Refer to "Income Verification
Instructions" for details.

SDES TRiO Center

University of Central Florida P.O. Box 161920 Orlando, FL 32816-1920 407-823-4165

07 023 4103





Date:/
Student Name: PID:
Social Security Number: Date of Birth:/
Home Phone: () Cell Phone: ()
UCF Email:@knights.ucf.edu
Preferred method of contact: ☐ Email ☐ Text ☐ Call
Local Address:
Permanent Address:
Do you work? ☐ Yes ☐ No If yes, how many hours each week?
Do you consider yourself Hispanic/Latino? ☐ Yes ☐ No
Select the race or races with which you identify: ☐ American Indian/Alaskan Native ☐ Asian ☐ Male ☐ Black or African American ☐ White ☐ Female ☐ Native American/Other Pacific Islander ☐ Other/No Response ☐ White
Citizenship: ☐ US Citizen ☐ US Permanent Resident [Resident ID#]
TRIO SSS Programs serve college students who are first-generation, demonstrate a high financial need as defined by the Federal TRIO Programs Current-Year Low-Income Levels, and/or have a documented disability. Two thirds of SSS scholars must be both first-generation and low-income.
Has your mother completed a bachelor's degree? ☐ Yes ☐ No
Has your father completed a bachelor's degree? ☐ Yes ☐ No
Have you completed a FAFSA? ☐ Yes ☐ No
Does your financial aid package include a Pell Grant? Yes No Unknown If you indicated Yes or Unknown, you will need to provide proof of income (see "Income Verification Instructions").
Please select all programs of assistance you or members of your household receive: Public Assistance TAN-F Social Security Veteran's Benefits Vocational Rehabilitation (Describe services:)
Do you have a disability? ☐ Yes ☐ No If yes, are you registered with UCF Student Accessibility Services? ☐ Yes ☐ No
Have you previously participated in a Federal TRiO Program? ☐ Yes ☐ No If yes, select the program(s): ☐ Educational Talent Search ☐ Student Support Services ☐ Upward Bound ☐ Upward Bound Math/Science ☐ Veterans Upward Bound ☐ Ronald E. McNair Achievement Program



ACADEMIC INFORMATION

Academic Standing:	☐ 0-29 hours	☐ 30-59 hours	□ 60-89	hours	□ 90+ hours		
When was/is your first	semester at UCF?	☐ Summer	☐ Fall	☐ Spring	Year:		
Are you a transfer stud	ent? ☐ Yes	□No					
Major:			Minor:				
What is your projected	graduation date?	☐ Summer	☐ Fall	☐ Spring	Year:		
Educational Goal:	☐ Bachelor's ☐	Master's □ [Ooctoral	☐ Professi	onal (medical, dental, vet, etc.)		
Academic Need — Federal regulations require that all participants in TRiO SSS programs demonstrate an academic need for program services. Each semester all SSS scholars are required to meet with their SSS advisor, complete two Canvas assignments, and engage in at least two services. SSS offers the following services. If accepted, what services are you most likely to utilize? Peer tutoring (math/statistics/1000- and 2000-level sciences) Academic coaching to improve study skills Financial aid and financial literacy counseling/workshops Graduate/professional school workshops Career counseling							
☐ Life manageme ☐ Cultural or soci	ent & academic succ ial events						
your results below:							
Answer the following questions about yourself. This information will help us to better understand and assess your needs. Describe your career and/or professional goals.							
What academic and/or personal obstacles do you face in completing your degree at UCF?							
					<u></u>		



Confidentiality and Release of Information Release of Information

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Additionally, The Privacy Act of 1974, Title 5 U.S.C. § 552a, establishes a code of fair information practice that governs the collection, maintenance, use, and dissemination of personally identifiable information about individuals that is maintained in systems of records by federal agencies.

- **I. Documentation**, I hereby give permission for the Student Support Services Program to retrieve, store, and report the following information: College Grade Reports and Transcripts (official and unofficial), SAT/ACT Scores, Financial Aid Award Notices, and, if applicable, documentation regarding status as a Learning Disabled (LD) or Physically Impaired person, or any other information regarding my status as a University of Central Florida student.
- **II. Tracking**, I hereby give permission for the Student Support Services Program to retrieve, store, and report education verification information and student outcomes research about me that is gained from the National Student Clearinghouse and other sources.
- III. Images, I give Student Support Services permission to photograph, video tape and/or record me. Further, I give permission for the Student Support Services Program to use and store these images on Web sites, brochures and/or program and media related publications.
- **IV. Sharing,** I hereby give permission for the Student Support Services Program to share my UCF email, phone number, permanent address, class schedule and learning style with SDES TRiO Center student staff (peer mentors, peer tutors, and academic coaches) to use in student-to-student sessions.
- V. Research, I hereby give permission for Student Support Services to collect and report pertinent information related to ongoing research questions in the TRiO Center. No identifiable data will be made public, but aggregate data may be published or presented including: academic measures (GPA, test scores), involvement at UCF and in TRiO, and other educational or personal information that is relevant to the research.

I understand that the information contained herein will be kept in confidence and will not be revealed to anyone except Student Support Services personnel, University of Central Florida officials such as the Registrar's Office, Student Disability Services, Office of Financial Assistance or representatives of the United States Department of Education and in accordance with the Family Educational Rights and Privacy Act.

Student Last Name (please print)	First Name	
Student Signature	Date	
SDES TRIO Center Signature	Date	

Student Agreement

understand the goal of the Project BEST/TRiO Student Support Services Program (TRiO) is to increase the college	
etention and graduation rates of its participants and help students make the transition from one level of higher	

education to the next. Project BEST enhances my academic success at the University of Central Florida through various support services such as but not limited to:

- ❖ Academic Tutoring
- ❖ Advice and assistance in post-secondary course selection
- Education/counseling to improve financial and economic literacy
- Information in applying for Federal Student Aid

Student Name: _____

❖ Assistance in completing and applying for Federal Student Aid

 Assistance in applying for admission to Graduate School and obtaining Federal Student Aid
Please initial each item to indicate that you are in agreement.
I agree to attend Project BEST 2018-2019 Orientation.
I agree to meet with the Project BEST Coordinator at least once each fall and spring (Howard Phillips Hall 208).
I agree to complete an Individualized Academic Plan (IAP) during my first semester in Project BEST. I will review my IAF
with the Project BEST Coordinator at least once per year to track my progress and make changes as necessary.
I agree to participate in a minimum of two (2) Project BEST activities each fall and spring. Activities include, meeting
with an academic coach or peer tutor/mentor (workshops, and social or cultural events.)
I agree to complete a minimum of three (3) Canvas modules per semester (Fall and Spring). At least one must be
completed in each of the following areas: Financial Literacy, Financial Aid, and Career Readiness.
I agree to attend a minimum of one (1) TRiO event each year (TRiO Day, TRiO End of the Year event, Exam Jam, etc.).
I agree to meet with my Academic Coach, and Peer Mentor/Peer Tutor once each semester.
I agree to attend class regularly as set forth by the institution.
I agree to make a concerted effort to achieve and sustain satisfactory progress in all UCF coursework (minimum 3.0 or
higher GPA). If my GPA falls below a 3.0 or if I am not doing well in a class, I understand that I must meet with a Project BEST
staff member to arrange for extra academic supports to help me be successful.
I understand that I will automatically be disqualified from the program if I am disqualified from the University of Central Florida or join another TRiO Program. Students cannot be enrolled in two TRiO programs simultaneously. Further, I understand either the SDES TRiO Center Director or I may void this contract without any obligations. I am aware that federal regulations require Student Support Services to track me until I graduate.
Student Signature Date
Project BEST Staff Date

Income Verification Instructions

Why do we ask for financial documentation?

According to federal guidelines, TRiO Student Support Services must provide documentation of a student's eligibility for the program to the U.S. Department of Education. Regulations state that two-thirds of participants must meet the federal first-generation *and* low-income guidelines.

What are the Federal TRIO Programs Current-Year Low-Income Levels?

Effective January 18, 2018 until further notice

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,090	\$22,590	\$20,790
2	\$24,360	\$30,435	\$28,005
3	\$31,170	\$38,970	\$35,850
4	\$37,650	\$47,070	\$43,305
5	\$44,130	\$55,170	\$50,760
6	\$50,610	\$63,270	\$58,215
7	\$57,090	\$71,370	\$65,670
8	\$63,570	\$79,470	\$73,125

For family units with more than eight members, add the following amount for each additional family member: \$6,480 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$8,100 for Alaska; and \$7,455 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 18, 2018.

Income Verification Instructions

What kinds of forms are accepted for verification?

There are two options for completing income verification.

Option A is to provide a copy of your 2017 tax return forms (1040, 1040A, or 140EZ) if you are an INDEPENDENT student or to provide a copy of your parent's/legal guardian's 2015 tax return forms if you are a DEPENDENT student. <u>Your parent/legal guardian's signature must be on the form.</u>

Option B is to complete the applicable Income Verification Form (either INDEPENDENT or DEPENDENT) and provide a printout of your 2018-2019 FAFSA Student Aid Report (SAR). Your parent/legal guardian's signature must be on the SAR if you are DEPENDENT student.

How do I know if I am an independent or dependent student?

If you answer YES to any of the following questions, you are considered an INDEPENDENT student. If you answer NO to all of the following questions, you are a DEPENDENT student.

Yes	No	Were you born before January 1, 1993?
Yes	No	Are you less than 18 years of age and have no parent or guardian?
Yes	No	Prior to reaching 18 years of age, were you an emancipated minor or did you have a court-appointed legal guardian?
Yes	No	At any time since reaching 13 years of age, were you an orphan, in foster care, or a ward of the court?
Yes	No	Are you married?
Yes	No	Do you have children or other dependents (other than a spouse who received more than half of their support from you)?
Yes	No	Are you serving active duty (for other than training purposes) in the U.S. Armed Forces?
Yes	No	Are you a U.S. Armed Forces veteran who was on active duty and was released under a condition other than dishonorable?
Yes	No	Are you homeless (i.e. you lack a fixed, regular, and adequate nighttime residence) or are at risk of becoming homeless?

Income Verification Form (Dependent Students)

The following information is utilized in determining your eligibility for this program, and will <u>remain confidential</u>. Failure to accurately answer a question(s) may result in denial of your application.

If you are a DEPENDENT student for financial aid purposes, please complete Sections A and B. Provide a print out of your FAFSA Student Aid Report along with this completed form.

Section A: Your parent/legal guardian must a	
rection 7 to at parenty legal guaratum must u	nswer the following questions <u>about themselves</u> .
b. What was your <u>taxable</u> (not	people (including you) in your household? people
On IRS F	Form 1040 (2017), see line 43 Form 1040A (2017), see line 27 Form 1040EZ (2017), see line 6
 If your family <u>did not</u> file a 2017 tax a. My family did not file a fede b. My family had no taxable in 	eral income tax return in 2017. Yes No
PRINT Student's Name	Student's Social Security Number
PRINT Student's Name Student's Signature	Student's Social Security Number Date
	Date
Student's Signature	Date Name



Income Verification Form (Independent Students)

The following information is utilized in determining your eligibility for this program, and will <u>remain confidential</u>. Failure to accurately answer a question(s) may result in denial of your application.

If you are an INDEPENDENT student for financial aid purposes, please complete Sections A and B. Provide a print out of your FAFSA Student Aid Report along with this completed form.

your FAFSA Student Aid Report alo	ng with this completed form	l .	
Section A: You must answer the fol	lowing questions about <u>yours</u>	self.	
a. What is the total r	rn, answer the following que number of people (including kable (not total) income in 20 ne can be found on the fede	you) in your househ 017?\$	
	On IRS Form 1040 (2017), On IRS Form 1040A (2017) On IRS Form 1040EZ (2017	, see line 27	
•		7 Yes Yes	No No
By signing this 2017-2018 Income Student Support Project BEST is true		ving that the informa	ation that I have provided to the TRiC
PRINT Student's	s Name	Studer	nt's Social Security Number
Student's Sign	ature		Date