

## TRIO Achievement Program – Application

Please complete the fillable application, or if printing application, write legibly.

Application must be complete to be considered. Thank you for your interest in TRIO!

Student Information	Date:
	Citizenship: 🗆 U.S. Citizen 🗖 No Please Explain:
	Name: (First, Middle, Last)Luther I.D.:
	Permanent Address:
	City: State: ZIP Code:
Stu	Home Phone: Cell Phone:
	Luther Email Address:    Date of Birth:
Demographics	Gender: □ Male □ Female □ Non-Binary Preferred pronouns:
	Marital Status:  Single  Married  Separated  Divorced  Widowed
	Ethnicity (please mark all that apply):
	🗆 American Indian/ Alaskan Native 🗆 Asian 🗆 Black/African American 🗆 Hispanic/Latino(a)
Demo	□ Native Hawaiian or other Pacific Islander □ White
	□ Other, please specify:
Eligibility	<ul> <li>The term "first-generation college student" refers to a college student whose parent(s) did not complete a bachelor's or 4-year college degree. According to this definition, are you a first-generation college student? □ Yes □ No</li> <li>Are you registered with Luther College Disability Services?</li> <li>□ Yes □ No</li> <li>Have you ever participated in a TRIO Program?</li> <li>□ Yes □ No If yes, please select:</li> </ul>
EI	□ Veterans Upward Bound □ Upward Bound Classic □ Upward Bound Math & Science □ Talent Search Active Dates/Semesters:
Information	<ul> <li>Are you currently enrolled at Luther? □Yes □No</li> <li>If so, what semester?</li> <li>Class Level: □ Freshman □ Sophomore □ Junior □ Senior</li> </ul>
Inf	Transferring to Luther?  Yes  No
Enrollment	Previous college or university: Which bachelor's degree are you seeking (ex. BA, BS, or BFA): What is your proposed major? (ex. Sociology, History, Education):
Enro	What is your anticipated graduation date? Semester/Year

It is the policy of Luther College to provide equal educational opportunities and equal access to facilities for all qualified persons. The College does not discriminate in employment, educational programs, and activities on the basis of race, color, ethnicity, national origin, age, sex, sexual orientation, gender, gender identity or expression, genetic information, veteran status, religion, disability, creed or any other protected class as defined by state or federal law. Sexual harassment and sexual assault are prohibited forms of sex discrimination under Title IX of the Education Amendments of 1972.

<u>ither.edu</u>
Have you completed the FAFSA form?  Yes  No Academic Year:
Are you currently receiving financial aid, such as Pell Grant and/or scholarships through the Luther College Office of Financial Aid?
$\Box$ Yes $\Box$ No
For federal financial aid purposes, are you considered a Dependent or Independent student?
Dependent Student: You are considered dependent if you do not meet one or more of the criteria for independent status.
□ <b>Independent Student</b> : A financially independent student must meet <b>one</b> of the following criteria:
<ul> <li>at least 24 years old by Dec. 31</li> <li>orphan or ward of court at 18 years old</li> <li>married</li> <li>veteran or active duty military</li> <li>have legal dependents</li> <li>homeless as a minor</li> </ul>
Family size in household, including yourself (this includes everyone living in home). We need to verify your income. Please choose one of the following four options that you prefer for us to verify income:
□ FAFSA data on file with Luther College Financial Aid Office.
□ Income Tax Return: A signed copy of my parent/guardian's tax return for the most recent tax year is attached.
<ul> <li>If you are an <b>independent</b> student, you must provide a copy of <b>your</b> income tax form for the most recent tax year.</li> <li>Use parent/guardian's income tax return if <b>dependent</b>.</li> </ul>
□ My parent/guardian and I respectfully decline to provide a copy of our tax return for the most recent tax year but will report
taxable income that is listed on the income tax return for the most recent tax year. \$
🗆 My parent/guardian and/or I did not submit a federal income tax return for the most recent tax year but attest that the taxable

income from all sources for the most recent tax year was \$

## PARENT SIGNATURE REQUIRED: \_\_\_\_\_

Parent/Guardian PRINTED Name (if Dependent) Parent/Guardian SIGNATURE (if Dependent) Date

The Luther College TRIO Achievement Program is a federally funded U.S. Department of Education TRIO program.

Needs and Goals

All students enrolled in TRIO must demonstrate an academic need. Please check all items that apply.
You must check at least ONE to be eligible for this program. Low college readiness indicator (GPA, SAT, ACT test scores)
□ Lack of educational and/or career goals
□ Conditionally admitted to Luther College
□ Currently failing a class or have a low grade(s)
□ Currently on academic probation at Luther (not applicable for incoming students)
Undecided educational and/or career goals (still deciding between options is fine – let us know by checking this box)
$\Box$ Have unmet financial need
□ A non-traditional college student (out of school for a minimum of 5 years)
□ Low high school grades
□ Need for academic support to raise grade(s) in required course(s) academic major
Seeking a professional program, such as (medicine, pharmacy, dental, nursing, law school, veterinarian, etc.)
$\Box$ Lack of academic preparedness for college level course work
□ Work more than 20 hours/week during the academic year. How many? hours
Share 3 goals you wish to a accomplish as a college student:

## READ ME

I would like to participate in TRIO and receive the free services provided. I hereby certify that the information provided in this application is accurate and complete to the best of my knowledge. I give consent for TRIO to access all my student records at Luther College, including academic and financial records. In addition, I give consent to the TRIO staff to share my information with other staff, faculty, mentors, and partners if it will assist with my academic success.

I understand that completion of this form does not guarantee acceptance into TRIO. Once accepted into the TRIO Achievement Program, I understand I must meet the program requirements and remain active in the program. Failure to follow program requirements or recommendations may result in removal from the TRIO Achievement Program.

Furthermore, I grant permission to the TRIO staff to include my name and/or picture for marketing purposes, including but not limited to the website, publication, social media and presentations. I understand that by signing this application I am also authorizing TRIO to contact me via text messages.

Student Signature: \_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_

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