

Demographic Information

Name: _____
First M.I. Last Former Names/Maiden Name

Local Address: _____
Number & Street City State Zip

Telephone: _____ Email: _____

SS#: _____ Student ID #: _____ DOB: _____
Month/Day/Year

Gender: _____ # in Household: _____ Are You A Single Parent? Yes No

Marital Status: Single Domestic Partner Married Separated Divorced Widowed

Ethnicity: Hispanic/Latino? Yes No

Race: American Indian or Alaskan Native Tribe: _____

Black or African American Native Hawaiian or Other Pacific Islander

Asian White Other: _____ More than one race

Primary Language: _____ (Please Identify)

Graduated from High School: _____ OR Received GED/TABE: _____
M/YY (Circle One) M/YY

Name of School: _____ Location: _____
City/State

Are you a current or former U.S. service member? Yes No

If yes, which branch? _____

Enrollment Information

When did you first enroll at MSUB? _____
M/YY

I am currently enrolled at: MSUB University MSUB City College

How many hours/credits are you taking this semester?

0-5 (less than part-time) 6-8 (part-time) 9-11 (three-quarter time) 12+ (full-time)

Income Verification Form:

Confidential-All information will be held in strict confidence. Federal regulations require that verification of income must be submitted as a part of the application process.

In order to verify income, applicants have two options:

1. **Attach the most recent copy of the Federal Tax Form 1040, 1040A, or 1040EZ.**
(If you attach a copy of a signed tax form it is not necessary to complete the rest of this page).
-OR-
2. Complete the following family verification information.

If a federal income tax was filed during the last calendar year please indicate your taxable income amount on the following line and SIGN AT THE BOTTOM OF THE PAGE.

Family Taxable Income: Last Year \$ _____ (after deductions).
Line 43 from 1040 form
Line 27 from 1040A form
Line 6 from 1040EZ form

If you were not required to file an income tax return for the last calendar year, you must complete the following section and SIGN.

I/We declare that no federal income tax return was filed by the undersigned for the last tax period and all income received during the year was as follows:

SOURCE	AMOUNT
___ SOCIAL SECURITY	\$ _____
___ VETERAN'S BENEFITS	\$ _____
___ CHILD SUPPORT	\$ _____
___ WELFARE/SOCIAL SERVICES	\$ _____
___ UNEMPLOYMENT	\$ _____
___ RETIREMENT	\$ _____
___ OTHER	\$ _____
TOTAL:	\$ _____

I certify that all the above information is correct and complete to the best of my knowledge.

STUDENT'S SIGNATURE

SOCIAL SECURITY NUMBER

Date

PARENT'S/GUARDIAN'S SIGNATURE

SOCIAL SECURITY NUMBER

Date

MSUB 1500 University Drive, Library 141, Billings, MT 59101 (406) 657-2162 Fax: (406) 657-1667 www.msubillings.edu/sss

(If you are a “dependent” student)

General Information

How did you learn about TRIO Student Support Services or who referred you?

Please tell us about yourself; who are you?

What would you like to gain from being a participant in the TRIO SSS program?

Why did you choose to attend college?

What do you plan to do after completing your Bachelor’s degree?

Participant Consent and Authorization: TRIO Student Support Services Release of Information

TRIO SSS is a program designed to help you graduate with a four-year degree. The information provided is confidential and will help determine eligibility for the TRIO SSS program. Discrimination is prohibited on the basis of race, gender, color, national origin, religion, age, disability, marital or parental status, or sexual orientation.

I hereby authorize TRIO SSS to obtain and share any information pertinent to my participation in the program. This information includes, but is not limited to, financial aid information, standardized test scores, transcripts, and grade reports. I also verify that the information provided on this form is correct and complete to the best of my knowledge.

I, _____, Student ID# _____,
(Print Student Name)

give TRIO SSS and MSU Billings permission to discuss my files with all entities on the MSU Billings campus, to use my name/picture for public recognition as part of the TRIO SSS Program and to share information with the entities listed below (if applicable).

Any others you may wish TRIO SSS Staff to speak with (Voc Rehab, parents, etc.):

This release is in effect from _____ **to** _____
(If not designated, release is in effect until graduation)

Student Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Date Application Recieved: _____

Interview Date: _____