

THE NATIONAL HISPANIC UNIVERSITY

Student Support Services

APPLICATION/VERIFICATION

First Name: _____ Middle Initial: ____ Last Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone #: (____) _____ Message #: (____) _____ Email: _____

PERSONAL

Date of Birth: _____

Ethnic group with which you most identify:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- White or Caucasian
- Native Hawaiian or Pacific Islander
- Other (Specify): _____

Social Security #: _____

Gender: Male Female

Marital Status: Married Divorced Separated Single

Are you a single parent? Yes No

Are you a U.S. citizen? Yes No

If not, are you a permanent resident? Yes No

INS Number: _____

Do you have a verified disability? Yes No

FIRST-GENERATION

Highest level of education completed by your:

- | <u>Mother</u> | <u>Father</u> |
|---|---|
| <input type="checkbox"/> Grade School (k-5) | <input type="checkbox"/> Grade School (k-5) |
| <input type="checkbox"/> Jr. High (6-8) | <input type="checkbox"/> Jr. High (6-8) |
| <input type="checkbox"/> High School (9-12) | <input type="checkbox"/> High School (9-12) |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Vocational Program | <input type="checkbox"/> Vocational Program |
| <input type="checkbox"/> Associates degree | <input type="checkbox"/> Associates degree |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Master's degree | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Terminal degree | <input type="checkbox"/> Terminal degree |

INCOME

Circle Family Size	Circle TAXABLE Income
1	\$14,355
2	\$19,245
3	\$24,135
4	\$29,025
5	\$33,915
6	\$38,805
7	\$43,695
8	\$48,585
9	\$53,475
10	\$58,365

STUDENT

I, _____, certify that the information provided on this form is, to the best of my knowledge, accurate and true. As a Student Support Services Program (SSS) participant, I give permission to SSS to review, obtain, or make copies of all necessary National Hispanic University and prior educational documents (i.e., financial aid records, high school and college transcripts, assessment results, etc.) to determine and/or enhance the effectiveness of the program and services provided to me. I also give my permission for SSS personnel to share information with appropriate educators and college representatives as necessary to support my educational progress and academic success.

STUDENT SIGNATURE

DATE

TRIO DESIGNEE SIGNATURE

DATE