

**TRiO PARTICIPANT APPLICATION****\*\*\*PLEASE PRINT CLEARLY\*\*\***

What is your name? \_\_\_\_\_  
 (FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

What is your mailing address? \_\_\_\_\_  
 (STREET ADDRESS) (APT. #)  
 \_\_\_\_\_  
 (CITY) (STATE) (ZIP)

What is your home phone number? (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

What is your cell phone number? (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

What is your work phone number? (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

What is your e-mail address?

What is your social security number?

What is your birthdate?

What is your ethnicity? Hispanic Or Latino American Indian Alaskan Native Black/African American  
 (Please check all boxes that describe you) Native Hawaiian Asian White Native American Pacific Islander

What is your gender? Female Male

Citizenship:  U.S. citizen  Territorial resident  Permanent visa  Other

Are you married? Yes No

Do you have children or other dependents who receive more than half of their support from you?  
 (Not including your spouse) Yes No

Do you have a disability? Yes No

Have you documented this disability with Arkansas State University Disability Services? Yes No

What degree are you seeking with ASU-Beebe?

AA AAS AAT TECH/CERT Major \_\_\_\_\_

Do you plan to transfer to a 4-year college? Yes No Where? \_\_\_\_\_

Please mark which parent(s) supported you financially and with whom you regularly resided until 18 years of age?  
Father Mother Both Parents Neither Parent

Has your mother received a 4-year college degree? Yes No

Has your father received a 4-year college degree? Yes No

**Please indicate how we may be of assistance: (Mark all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Academic support/Instruction            | <input type="checkbox"/> Study skills (note taking/test taking) | <input type="checkbox"/> Assist selecting courses                   |
| <input type="checkbox"/> Assist applying for Federal Student Aid | <input type="checkbox"/> Academic advising/degree planning      | <input type="checkbox"/> Career counseling                          |
| <input type="checkbox"/> Transfer counseling                     | <input type="checkbox"/> One to one tutoring                    | <input type="checkbox"/> Group tutoring                             |
| <input type="checkbox"/> Obtain information/Federal Student Aid  | <input type="checkbox"/> Assist with graduation application     | <input type="checkbox"/> Assist application to a 4-year institution |

**ARKANSAS STATE UNIVERSITY—BEEBE**

P. O. Box 1000  
 BEEBE, AR 72012

PHONE: 501-882-8964  
 WEBSITE: WWW.ASUB.EDU



**FOR DEPENDENT STUDENTS ONLY(PARENT OR GUARDIAN MUST SIGN/A STUDENT SIGNATURE WILL NOT BE ACCEPTED)**

The number of person(s) residing in your household claimed on your parents income tax form (including yourself)? \_\_\_\_\_

My family's/household annual "Taxable Income" from the last calendar year was:  
**IRS Form 1040-Line 43**  
**IRS Form 1040EZ-Line 6**  
**IRS Form 1040A-Line 27**

\$ \_\_\_\_\_

My parents/guardians had **no** taxable income during the last calendar year. \$ -0-

**FOR INDEPENDENT STUDENTS ONLY**

The number of person(s)in your household claimed on your Income Tax From (including yourself)? \_\_\_\_\_

My family/household annual "taxable income" from the last calendar year was:  
**IRS Form 1040-Line 43**  
**IRS Form 1040EZ-Line 6**  
**IRS Form 1040A-Line 27**

\$ \_\_\_\_\_

I had **no** taxable income during the last calendar year. \$ -0-

**Please answer the following questions to help us evaluate how Student Support Services can best help you to reach your academic goals.**

(SA) STRONGLY AGREE (A) AGREE (I) INDIFFERENT (D) DISAGREE (SD) STRONGLY DISAGREE (NA) NOT APPLICABLE

I am uncertain about my career goals.	(SA)	(A)	(I)	(D)	(SD)	(NA)
I need more social and academic support.	(SA)	(A)	(I)	(D)	(SD)	(NA)
I do not have adequate computer skills.	(SA)	(A)	(I)	(D)	(SD)	(NA)
I miss information that the instructor presents during class.	(SA)	(A)	(I)	(D)	(SD)	(NA)
I am reluctant to ask for help.	(SA)	(A)	(I)	(D)	(SD)	(NA)
I have difficulty finding time to study.	(SA)	(A)	(I)	(D)	(SD)	(NA)
My family is supportive of me attending college.	(SA)	(A)	(I)	(D)	(SD)	(NA)
I know where to find personal, financial, and academic support on campus.	(SA)	(A)	(I)	(D)	(SD)	(NA)

**\*\*\* Please sign and date below after reading the following statement. \*\*\***

**By signing this application, I agree that all the information on this application is true. Moreover, I authorize the release of the student's official academic records with the understanding that the information in these records will be used only to assess the student's needs for program services, discern the student's educational progress, evaluate the effectiveness of program activities, and fulfill program reporting requirements.**

\*\*\*CHECK HERE IF YOU PREFER STUDENT SUPPORT SERVICES NOT USE YOUR LIKENESS IN PUBLISHED MATERIALS\*\*\*

\_\_\_\_\_  
**STUDENT SIGNATURE** \_\_\_ / \_\_\_ / \_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT OR LEGAL GUARDIAN SIGNATURE** \_\_\_ / \_\_\_ / \_\_\_  
**DATE**



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**THE STUDENT SUPPORT SERVICES PROJECT IS 100% FEDERALLY FUNDED AT \$247,548**

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$17,655	\$22,080	\$20,325
2	\$23,895	\$29,880	\$27,495
3	\$30,135	\$37,680	\$34,665
4	\$36,375	\$45,480	\$41,835
5	\$42,615	\$53,280	\$49,005
6	\$48,855	\$61,080	\$56,175
7	\$55,095	\$68,880	\$63,345
8	\$61,335	\$76,680	\$70,515