

STEP 5: Student, please answer the following questions about yourself.

- a. Are you married? YES NO
- b. Do you have children or other dependents (other than a spouse) who receive more than half of their support from you? YES NO
- c. Are you an orphan, in foster care, or a ward of the court? YES NO
- d. Are you an emancipated minor or do you have a court-appointed legal guardian? YES NO
- e. Are you less than 18 years of age and have no parent or guardian? YES NO
- f. Are you homeless (i.e., you lack a fixed, regular, & adequate nighttime residence) or are at risk of becoming homeless? YES NO

STEP 6: You (the student) must answer the following questions about yourself if you are at least 24 years old or you answered YES to any question in STEP 5. Your parent(s) must answer the following questions about themselves if you are less than 24 years old and you answered NO to all questions in STEP 5.

- a. What is the total number of persons (including you) in your family unit?
- b. What was your family's **taxable** (not total) income from the last calendar year? My family's **taxable** (not total) income from the last calendar year was: \$, .
- Note: Taxable income can be found on the federal income tax return. On IRS Form 1040, see line 43. On IRS Form 1040A, see line 27. On IRS Form 1040EZ, see line 6.
- My family did not file a federal income tax return for the last calendar year. My family's total income from the last calendar year was: \$, .
- My family had no taxable income during the last calendar year.
- (Please check only one box. Then, provide the requested income information.)

STEP 7: You (the student) must read the following statement and then sign and date below it. If you (the student) are less than 24 years old and answered NO to all the questions in STEP 5, your parent or legal guardian must also read the following statement and then sign and date below it.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student's official academic records to the Center for Academic Enrichment and Outreach (CAEO) at the University of Nevada, Las Vegas, understanding that the information in these records will be used only to assess the student's need for TRIO program services, discern the student's educational progress, evaluate the effectiveness of TRIO program activities, and fulfill TRIO program-reporting requirements. Finally, I authorize CAEO to use the student's name, statements and likeness, without charge, for promotional purposes in CAEO publications, advertising, video, and other formats.

_____/_____/_____
Student's Signature Date

_____/_____/_____
Signature of Student's Parent or Legal Guardian Date

FOR OFFICE USE ONLY	The 20 _____ federal TRIO programs annual low-income level for a family unit with _____ members is:	\$ <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Not Recommended <small>Reason:</small> _____	<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Not Recommended <small>Reason:</small> _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <small>Reason:</small> _____
_____ Advisor (Print Name)	_____ Director (Print Name)	_____ P.I. or P.I. Designee (Print Name)
_____/_____/20 Advisor (Sign & Date)	_____/_____/20 Director (Sign & Date)	_____/_____/20 P.I. or P.I. Designee (Sign & Date)
Date of Application Entry into Database _____/_____/_____		Initials of Data Entry Staff _____
Eligibility: <input type="checkbox"/> LI & FG <input type="checkbox"/> LI ONLY <input type="checkbox"/> FG ONLY <input type="checkbox"/> HRAF ONLY <input type="checkbox"/> LI&HRAF <input type="checkbox"/> FG&HRAF <input type="checkbox"/> LI&FG&HRAF <input type="checkbox"/> OTHER		
Project: <input type="checkbox"/> TS1 <input type="checkbox"/> TS2 <input type="checkbox"/> TS3 <input type="checkbox"/> TS4 <input type="checkbox"/> TS5 <input type="checkbox"/> UBC1 <input type="checkbox"/> UBC2 <input type="checkbox"/> UBC3 <input type="checkbox"/> UBMS1 <input type="checkbox"/> UBMS2		

Note: A determination of independence based on YES responses to question 5e or 5f must be supported by a TRIO Participant Application Addendum, which is completed and signed by a LEA liaison, RHYA director/designee, or ESG director/designee and attached to this document.