



Western Michigan University
Trio Student Success Program Application



Membership includes:

- 1) Free FYE class - two credit First- Year Experience class taught by TRiO Staff and mentors
2) One- on- one goal setting meetings with your TRiO Advisor (twice per semester until graduation)
3) Pell grant Recipients are eligible for annual supplemental grant aid
4) All Students will be given "priority registration" as long as they complete tasks 1) and 2)

Name: \_\_\_\_\_
Western WIN Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_
Campus/ Local Address: \_\_\_\_\_ Home/Permanent Address: \_\_\_\_\_
Local Phone/ Cell Number: \_\_\_\_\_ Home/Permanent Phone Number: \_\_\_\_\_
Male Female

Ethnic Background (Check all that apply):

Native American/ Alaskan Native \_\_\_\_\_ Hispanic \_\_\_\_\_
Black (non-Hispanic) \_\_\_\_\_ White (non-Hispanic) \_\_\_\_\_ Other \_\_\_\_\_
Pacific Islander or Native Hawaiian \_\_\_\_\_ Asian \_\_\_\_\_

College Standing:

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Do any of your parents/ guardians have a Bachelor's Degree? YES \_\_\_\_\_ NO \_\_\_\_\_

Did you apply for financial aid for this academic year? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a U.S. Citizen, Resident Alien or Permanent Resident? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have children? YES \_\_\_\_\_ How many? \_\_\_\_\_ NO \_\_\_\_\_

Mark each area you need help in (Please choose at least 3):

\_\_\_\_\_ Academic Advising \_\_\_\_\_ Personal Support/Referral
\_\_\_\_\_ Financial Aid Advising \_\_\_\_\_ Scheduling
\_\_\_\_\_ Career Advising \_\_\_\_\_ Study Skills/ Tutoring
\_\_\_\_\_ Goal Setting \_\_\_\_\_ Graduate School Advising
\_\_\_\_\_ Motivation \_\_\_\_\_ Cultural Enrichment
\_\_\_\_\_ Peer Mentoring \_\_\_\_\_ Other

PLEASE READ BEFORE SIGNING:

I am willing to make the commitment to participate in TRiO SSP. I commit to meet with my TRiO SSP advisor at least twice per semester. I give SSP permission to post pictures of me on their web page and collect information about my participation in the program. This information will be used to develop statistical data for reports/publications, to evaluate the program, and to assess my academic and career needs. To the best of my knowledge the information on this form is true and accurate at this time.

Signature \_\_\_\_\_ Date \_\_\_\_\_