

TRIO Student Support Services Application 2025-26

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Chosen Name: _____

Falcon ID: W _____ Date of Birth: _____

Local Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Personal E-mail: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Are you an US Citizen, Permanent Resident or Resident Alien? ☐ Yes ☐ No

Gender: ☐ Female ☐ Male ☐ Other

Pronouns: ☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Other _____

Are you Latinx? ☐ Yes ☐ No

Race/Ethnicity (please check all that apply): ☐ American Indian or Alaska Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

Have you ever been a TRIO participant? ☐ Yes ☐ No

If yes, list program and school: _____

TRIO programs include: Upward Bound, Talent Search, Student Support Services, Educational Opportunity Center.

WHAT IS YOUR MAJOR OR ACADEMIC INTEREST? _____

How did you find out about the SSS Program?: ☐ Mailing ☐ Email ☐ UWRF Registration ☐ Friend ☐ Professor

☐ College Possible ☐ GEAR UP ☐ Admissions ☐ Ability Services

☐ Other _____

MAIL COMPLETED APPLICATION TO:

Student Support Services
274 Rodli Hall
UW-River Falls
410 South Third Street
River Falls, WI 54022

OR EMAIL TO: SSS@uwrf.edu

CONTACT US:

Email: SSS@uwrf.edu Phone: 715-425-3713

FOR OFFICE USE ONLY

Date Received _____ Date Accepted _____

Eligibility ☐ FG ☐ LI ☐ D ☐ NE

Ability Documentation ☐ Yes ☐ No ☐ NA

Academic Standing ☐ 1st Year ☐ Continuing ☐ Transfer

Alumni _____ Program _____

Aspire _____ Connections _____

Coach Name _____

Student Name _____

Eligibility Criteria: The following information is used to determine eligibility for SSS. **Please read carefully!**

Failure to complete the following information may significantly delay review of your application.

ALL SECTIONS MUST BE COMPLETED AND SIGNED.

INCOME STATUS

2024 family's taxable income	
Number of people in household	

Note: Household taxable income is household income after deductions are taken.

(Line 15 on tax form 1040)

Do you reside with: ☐ Parent 1 ☐ Parent 2 ☐ Both ☐ Other _____

Do you (the student) have children? ☐ Yes ☐ No

Have you applied for Financial Aid? ☐ Yes ☐ No

Are you an independent student according to Financial Aid? ☐ Yes ☐ No

Parent Signature: _____ Date: _____

FIRST GENERATION STATUS

Check the highest level of education that your parent(s)/guardian has earned. Check only one box per row.

Level	No Formal Education	Elementary/ Middle School (1-8)	High School (9-12)	Some College	Associate Degree	Bachelor's Degree	Graduate Degree
Parent 1							
Parent 2							
Guardian							

LEARNING OR PHYSICAL CHALLENGES (MAY ALSO BE REFERRED TO AS A 'DISABILITY')

You may apply for SSS if you have a medical, physical, sensory, cognitive, or brain related issue. However, you must also submit a detailed summary about the nature of the issue, written by an appropriate type of expert, to the Ability Services office in order to qualify under this criteria.

Do you have a diagnosed learning or physical challenge? ☐ Yes ☐ No

Have you provided the expected kind of documentation to Ability Services? ☐ Yes ☐ No ☐ In Progress

For more information, contact Ability Services at 715-425-0740 or ability.services@uwrf.edu

<https://www.uwrf.edu/AbilityServices/>

☐ **All the information provided on this page is true to the best of my knowledge.**

Student Name _____

INDIVIDUAL NEEDS ASSESSMENT

Please respond to the following statements:

I am not sure which majors or careers would be a good fit for me. ☐ True ☐ False

I need to improve my math or writing skills. ☐ True ☐ False

My high school classes prepared me for college. ☐ True ☐ False

I have been out of school for more than five years. ☐ True ☐ False

I am an English Language Learner. ☐ True ☐ False

I have been in foster care (aged out), kinship, or guardianship care. ☐ True ☐ False

I, or my family, am homeless. ☐ True ☐ False

TELL US ABOUT YOU!

Please note that your responses to the following questions will help us decide if SSS is right for you.

If needed, attach additional pages to answer these questions.

Why do you want to be a scholar in the Student Support Services Program?

How do you expect to use SSS resources to help you reach your goals and address challenges?

Please describe the main concern(s) you have about being in college.

Student Name _____

COMMITMENT TO PARTICIPATE

If accepted into the Student Support Services Program, I agree to the following:

- ☐ I will attend the SSS New Student Orientation.
- ☐ I will meet with my SSS Academic Coach regularly each semester.
- ☐ I will attend the required SSS Events or workshops each semester (academic, financial literacy, retreats, cultural).
- ☐ I will follow the Academic Success Plan created by me and my SSS Academic Coach.
- ☐ I will review my Early Grade Awareness form with my SSS Academic Coach each semester.
- ☐ I will attend all classes and complete coursework in a timely manner and participate in the tutoring program as needed throughout the academic year.
- ☐ I understand that I may lose my status as an SSS Scholar if I do not follow the terms of this agreement.

AGREEMENT

I certify that the information I have provided on this application is, to the best of my knowledge, complete and correct.

I hereby authorize the Student Support Services staff to access my academic records and to request attendance and performance information from my instructors on my behalf. I hereby authorize my instructors to release such information. I release the staff of Student Support Services and my instructors from all legal responsibility or liability that may arise from the actions I have authorized.

I give my consent for University of Wisconsin – River Falls Student Support Services program to use my photo and provide information on my participation in the SSS program in the SSS website, Facebook page, brochures and newsletters. This agreement remains in effect during my years as a student at UW-River Falls.

Furthermore, I understand that by applying for the TRIO Student Support Services Program, I authorize the program staff to obtain records or data pertinent to my participation from other sources, and to release information as required by law or the terms of the Student Support Services grant, to the grant funding agency of the United States government. The Student Support Services Program staff has my permission to communicate verbally and otherwise with staff, faculty, and/or off campus professionals on my behalf.

Student Signature: _____ Date: _____

RELEASE OF UNIVERSITY IDENTIFICATION PHOTO

I hereby authorize the Campus Carding Office to release my photo ID picture, that the University of Wisconsin-River Falls has captured for the purpose of identification on the campus of UW-RF to Student Support Services.

I understand that I release the Campus Carding Office from any liability in which the department and person(s) of above named department receiving said image may use the image for. I herein authorize the Campus Carding Office to release the photo in electronic form (via JPEG format) and/or as printed medium such as, but not limited to, an identification badge. I understand that the use of the ID image is not governed by the Campus Carding Office, and that I must enter into a separate agreement with the above named receiving department.

Printed Name _____ Falcon ID# _____

Student Signature: _____ Date: _____

Student Support Services is funded by the U.S Department of Education.

Acceptance into the program is contingent upon meeting eligibility criteria and space availability.