



DIVISION OF STUDENT AFFAIRS : STUDENT INCLUSION AND BELONGING

ASPIRE PROGRAM APPLICATION 2025-2026

Personal Information

First name: _____ Last name: _____ MI: _____

Chosen Name: _____

Date of Birth: _____

Campus/local Address: _____ City: _____ State: _____ Zip: _____

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

Phone number: _____ Campus Email: _____

UWRF Student ID # _____

Gender Identity: ☐ Female ☐ Male ☐ Transgender Female ☐ Transgender Male

☐ Genderqueer / Nonbinary ☐ Gender Fluid / Flux ☐ Agender

☐ Two Spirit ☐ Other: _____ ☐ Prefer not to answer

Your pronouns: ☐ She /Her /Hers ☐ He /Him/His ☐ They/them/theirs ☐ Ze/Zie/Hir

☐ Other: _____ ☐ Prefer not to answer

Race/Ethnicity: ☐

☐ Alaskan Native / Native American ☐ Black / African American ☐ Caribbean

☐ East ☐ Asian ☐ South Asian ☐ Hispanic / Latino Middle

Eastern

☐ Hawaiian / Pacific Islander ☐ White ☐ Other: _____

☐ Prefer not to answer

Veteran Status: ☐ Yes ☐ No ☐ Reservist / National Guard

Mail Completed Application To:

Aspire Program
269 Rodli Hall
UW-River Falls
410 South Third Street
River Falls, WI 54022

Contact Aspire

Email: aspireprogram@uwrf.edu
Phone: 715-425-3300

Income Status

2024 family's taxable income _____

Number of people in household _____

*household taxable income is household income after deductions are taken
(Line 6 on 1040EZ – Line 27 on 1040A – Line 43 on 1040)

Do you reside with: ☐ Mother ☐ Father ☐ Mother & Father ☐ other: _____

Are you receiving financial aid? ☐ Yes ☐ No

Check all that apply: ☐ Pell Grant ☐ Work Study ☐ Scholarships ☐ Loan ☐ Other

All the information provided under the Income Status is true to the best of my knowledge

Student Signature: _____	Date: _____
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First Generation Status

Check the highest level of education that your parent(s)/guardian(s) have earned. **Check only one box.**

Level	Grade School (1 st -5 th)	Junior High (6 th -8 th)	High School (9 th -11 th)	High School Diploma	Some College	Associate Degree	Bachelor's Degree	Graduate Degree
Mother								
Father								
Guardian								
Guardian								

TRIO Student Support Services (SSS)

☐ I have applied to SSS ☐ I have been accepted into SSS ☐ Neither

How did you hear about the ASPIRE Program?

- | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Registration | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Email | <input type="checkbox"/> Orientation | <input type="checkbox"/> Campus Visit |
| <input type="checkbox"/> Website | <input type="checkbox"/> Advisor | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Other _____ | | |

Tell Us About You!

What is your major and / or career interests?

What are your student organization / club / sports interests?

What would you like more information about? (Tutoring Services, Writing Center, Career Services, Counseling, Time Management, Study Skills, etc)

What are you hoping for by having an Aspire Mentor at UWRF?

Aspire Agreement and Release

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 Aspire Program 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 Aspire staff 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 Aspire Program to use my photo and provide information on my participation in the Aspire Program on the Aspire website, Facebook page, brochures and newsletters. This agreement remains in the effect during my years as a student at UW-River Falls.

Furthermore, I understand that by applying for the Aspire 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 the law or the term so the Aspire grant, to the grant funding of the University of Wisconsin Systems. The Aspire Program staff has my permission to communicate verbally and otherwise with staff, faculty, and/or off campus professionals on my behalf.

Student Signature: _____ Date: _____

Printed name: _____ Student ID # _____

Release of University Identification Photo

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

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 separate agreement with the above named receiving department.

Student Signature: _____ Date: _____

Printed name: _____ Student ID # _____