

Name of Father or Legal Male Guardian _____
(if not living, write deceased)

Address _____

Phone (____) _____

Did your Father or Legal Male Guardian graduate from a four-year college/university? Yes No

Occupation of Father or Legal Male Guardian _____

With whom do you reside when not at school? Mother Father Legal Guardian

PREVIOUS PARTICIPATION IN TRIO PROGRAMS

Upward Bound _____ School _____

Talent Search _____ School _____

Educational Opportunity Center _____

Other _____

FINANCIAL ELIGIBILITY

Please place an (X) in the appropriate blanks.

Dependent Student _____

Independent Student _____

Other than yourself, how many persons live in your household? _____

Did you apply for financial aid for this academic year? Yes No

Did you receive financial aid (including loans) of any type this academic year? Yes No

If you are not receiving any financial aid, please indicate reason(s):

Are you employed? Yes No

I certify that the information included on this form is correct to the best of my knowledge.

Student's Signature

Date

If you are a dependent student, please have your parent/guardian sign below.

Parent/Guardian's Signature

Date

HAMPTON UNIVERSITY
Student Support Services Program

Documents Needed to Process the Application

Dependent Student: Your parents/guardians claim you as a dependent on their 1040 or 1040A income tax form.

Independent Student: Your parents/guardians *do not* claim you as a dependent on their 1040 or 1040A income tax form.

- A. Student Support Services Application (Dependent and Independent Students)
- B. Program Participation/Information Release Form (Dependent and Independent Students)
- C. Copy of parent's/guardian's _____ 1040 or 1040A income tax form (Dependent Students only)
- D. Copy of applicant's _____ 1040 or 1040A income tax form (Independent Students only)
- E. A written statement indicating taxable or non-taxable income and the number of persons supported by family income if a 1040 or 1040A income tax form is not filed.
- F. Verification of Disability (physically and learning challenged students) if applicable. Documented verification may include test results, written medical or psychological reports, and suggested accommodations no more than three years old. Students seeking acceptance in the SSS program based on a disability must submit appropriate documentation to the University's Section 504 Compliance Office:

Room 212 Wigwam
Hampton University
Hampton, VA 23666

Please Note: Your application cannot be processed until **all** required documents have been received.

If you have any questions concerning this application, please call (757) 727-5611. The completed application and other requested documents should be returned by _____ to:

Student Support Services Program
Hampton University
P.O. Box 6212
Hampton, VA 23668

FOR OFFICE USE ONLY

Interviewer's Comments:

Dependent Student

Parent's taxable or non-taxable income for last year _____

Number of dependents _____

Independent Student

Applicant's taxable or non-taxable income for last year _____

Number of dependents _____

Accepted Date _____

Rejected Date _____

Basis for Acceptance _____

Reason for Rejection _____

Signature of Director

Date