

Intake Application Form

Completion of this form does not guarantee acceptance into WSU TRIO. Submission of this application officially indicates the student's interest in TRIO. The enrollment process requires the student to meet their designated TRIO advisor to review services, participant responsibilities, and complete an Individual Success Plan (ISP).

	I I am a U.S. citizen, a Permanent U.S. Resident, or hold Asylum/Refugee status in the U.S.							
	I am a First-Generation college student (neither of my parents have a 4-year college degree.)							
fo	meet federal low-income guidelines. (The term " or the preceding year did not exceed 150 percent vill verify this based on your FAFSA)							
	have a physical, psychological, and/or learning di VSU Access Services Office.	isability and have provide	ed documentation to and	am registered with the				
	Name:							
	Name: Last Name	First Name		MI				
	Warrior ID:	Star ID:						
	Home Address:							
	City:	State:	Zip Code:					
Local Address or WSU Hall and Room Number:								
	City:	State:	Zip Code:					
	Email address:							
	Home Phone Number: Cell Phone Number:							
Date of Birth: Gender: _		Race	e/Ethnicity:					
	Veteran? Yes No Branch of Military	Service:	Dates of Service:					
	First enrollment at WSU: Fall Spring	Summer Year:						
I have chosen a major or minor area of study: Yes No								
	My Declared Major is:	My Declared Minor is	s:					
	My Assigned Faculty Advisor is:							
	Enrollment Status: Full-time Part-time	_ Are you a p	arent? Yes_ No_					

Acknowledgements: Please read each statement below and sign to indicate that you understand each statement and give each permission.

I give permission for the WSU TRIO staff to access information required for the purpose of verifying my TRIO eligibility and supporting me academically as a TRIO participant.

- Office of Admissions
- Financial Aid Services
- Student Record Services
- Access Services for students with disabilities
- Faculty members regarding academic progress

I give permission for the above listed offices and WSU faculty to release information to WSU TRIO staff concerning my admission to WSU; my financial aid application and/or awards; my academic records, including transcripts, academic progress reports and grades; relevant information and accommodations (if applicable); course progress and instructor feedback.

I give WSU TRIO permission to use any audio, video, or photographic materials containing my voice and/or image for the purpose of education and promotion of TRIO.

In signing this document, I commit to active participation in WSU TRIO. I acknowledge that I have read and understood each of the above-listed statements and grant the stated permissions. I further agree to fully participate in TRIO and to comply with staff recommendations.

Student Signature	Date
(Please note: Electronic submission of this application is equiva	lent to your signature)
Please use this space to provide TRIO staff with any informa	tion that would be helpful for them to know about you.
Yes, please send me more information on <i>Career Readin</i> Yes, please send me more information on <i>Money Manage</i> Yes, please send me more information on <i>Leadership an</i>	ement and Financial Wellness

FOR OFFICE USE ONLY – VERIFICATION								
US Citizen	LI	FG	DIS	Need Code				
FOR OFFICE USE ONLY								
Assigned TRIO Advisor:			Date:					
Intake Advisor (if different than assigned advisor):				Date:				