



Application

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 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 bachelor's degree).

I meet federal low-income guidelines. The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount. TRIO staff will verify this with the Financial Aid office.

I have a physical, psychological, and/or learning disability and have provided documentation to and am registered with the WSU Access Services Office.

I plan to earn a bachelor's degree from Winona State University.

First Name:

Last Name:

Middle Initial:

Warrior ID:

Star ID:

Email:

Street Address:

City:

State:

Zip Code:

Phone Number:

Date of Birth:

Gender:

Race/Ethnicity:

Veteran? Yes No

Branch of Military Service:

Dates of service:

First Enrollment at WSU: Fall Spring Summer Year:

Declared Major:

Declared Minor:

I have an interest in:

Career Readiness and Exploration

Money Management and Financial Wellness

Leadership and Community Engagements

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

I give permission for the WSU TRIO staff to access the information required for the purpose of verifying my TRIO eligibility and supporting me academically as a TRIO participant from the appropriate offices including WSU Financial Aid and Access Services.

I give TRIO my 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:

FOR OFFICE USE ONLY- VERIFICATION

US Citizen: Yes No FG: Yes No LI: Yes No Dis: Yes No Need Code