

STEM³ Student Success Center STEM³ Participant Application

The STEM³ Student Success Center is a Student Support Services (SSS) Program that is federally-funded by the U.S. Department of Education. All SSS Programs require that participants meet specific eligibility criteria. The following information is used to determine your eligibility. For questions, please contact us at the contact information at the bottom of this application.

STEP 1: INFORMATION ABOUT YOU (Please answer the following)

FLC Student ID #: _____ Declared STEM Major _____

Have you been in a past TRiO participant (Student Support Service, Upward Bound, & Talent Search)? Y N

Are you a Veteran of the U.S. Armed Forces? Y N

What academic service do you need?

- Academic Advising Academic Tutoring Financial Literacy
 Financial Aid Information & Completion Graduate School Information & Process

Name: _____
First Name Middle Initial Last Name

Mailing Address: _____
Street or P.O. Box City State Zip Code

Primary Contact #: (_____) _____ Other Contact #: (_____) _____

FLC E-mail address: _____

Social Security #: _____-_____-_____ Gender: M F Date of Birth: ____/____/____

Ethnic Background (please check all that apply):

- Hispanic Black or African American Native American/American Indian /Alaskan Native
 White Native Hawaiian or Other Pacific Islander Asian

Are you a U.S. Citizen? Y N

If you are not a U.S. Citizen, please answer the following questions about yourself. If you are a U.S. Citizen, please skip ahead to STEP 2.

Are you Permanent Resident? Y N Permanent Resident #: A_____

STEP 2: ELIGIBILITY (Please answer the following)

Do you have a bachelor's degree from FLC or another institution? Y N

Do you believe you might be eligible for SSS by virtue of a disability? Y N

If yes, are you registered with FLC's Services for Students with Disabilities Office? Y N

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Has your mother received/earned a 4-year college degree before you were 18 years old? Y N

Has your father received/earned 4-year college degree before you were 18 years old? Y N

Which parent did you regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)?
(Please check only one box) Mother Father Both Mother & Father Neither Mother nor Father

STEP 3: INDEPENDENT STATUS (Please answer the following questions if you are less than 24 years old. Otherwise skip ahead to STEP 4.)

- A. Are you married? Y N
- B. Do you have children or other dependents (other than a spouse) who receive more than half of their support from you? Y N
- C. At any time since reaching 13 years of age, were you an orphan, in foster care, or a ward of the court? Y N
- D. Prior to reaching 18 years of age, were you an emancipated minor or did you have a court-appointed legal guardian? Y N
- E. Are you serving on active duty (for other than training purposes) in the U.S. Armed Forces? Y N
- F. Are you a U.S. Armed Forces veteran who was on active duty & was released under a condition other than dishonorable? Y N
- G. Are you less than 18 years of age and have no parent or guardian? Y N
- H. Are you homeless (i.e., you lack a fixed, regular, & adequate nighttime residence) or at risk of becoming homeless? Y N
- I. Has the Fort Lewis College Financial Aid Office determined you as an independent student? Y N

STEP 4: INCOME VERIFICATION

The federal government requires that TRiO/SSS Programs have documentation of taxable income. Applicant MUST supply income documentation prior to reviewing your application. If you have additional questions please contact our offices.

- If you are less than 24 years old and you answered NO to all questions in STEP 3. Your parent(s) must provide a signed copy of Federal 1040 Tax forms
- If you are at least 24 years old or you answered YES to any questions in STEP 3 you must provide a signed copy of Federal tax forms.

STEP 5: AGREEMENT

I certify that the information I have provided in this application is, to the best of my knowledge, true and correct. I understand that by applying for this program, I authorize the STEM³ program to obtain copy, review and discuss records or data pertinent to my eligibility and/or participation from other services, and to release my information as required by law or the terms of the SSS grant to the grant-funding agency of the federal government.

Student's Signature

Date

Office Use Only:

The 20____ federal TRiO programs annual low-income level for family unit with ____ member is: \$_____.

The applicant is above / below the low-income level for the family unit. _____ Staff Initials

Eligibility: ___ LI & FG ___ LI ONLY ___ FG ONLY ___ DI ONLY ___ LI & DI

Assistant Director (Sign & Date)

Director (Sign & Date)