



**Mail completed application to:**  
 TRIO Student Support Services  
 State University #22  
 1500 Birchmont Dr. NE  
 Bemidji, MN 56601

**Contact us at:**  
 Phone: (218) 755-2614 Bemidji  
 Fax: (218) 755-4116  
 Email: trio\_sss@bemidjistate.edu  
<https://www.bemidjistate.edu/services/trioss/>

## PARTICIPANT APPLICATION

TRIO Student Support Services (SSS) is a federal program funded by a grant from the Department of Education. The purpose of TRIO SSS is to support participants in achieving academic success. Students are accepted to the TRIO SSS program based on academic need, eligibility criteria, and space availability. To determine your qualification for the program, please fill out the following application completely and accurately. The information you provide is strictly confidential. Completion of this application does not guarantee acceptance into TRIO SSS.

**Personal Information**

Student ID: \_\_\_\_\_

Name (last, first, middle): \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Ethnic Origin** (check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White (non-Hispanic)

**Citizenship** (check only one):

- US
- Permanent Resident
- Other: \_\_\_\_\_

Have you served in the military or reserves?  Yes  No

Have you completed the FAFSA?  Yes  No

**Educational Information**

Check which you have or will receive

- High School Diploma      High School Graduation Date (month/year): \_\_\_\_\_
- GED      Date GED Completed (month/year): \_\_\_\_\_

Did you earn any college credits while attending high school?  Yes  No

Have you attended college prior to attending Bemidji State University?  Yes  No

If yes, which institution? \_\_\_\_\_ Last Semester Attended: \_\_\_\_\_

Anticipated start date at BSU (semester, year): \_\_\_\_\_

Current College Level Status:  FR  SO  JR  SR

Have you previously participated in a TRIO program?  SSS  UB  TS  EOC  No

**Eligibility Information - Part 1**      Participants must meet one or more of the eligibility criteria in Part 1 or 2.

Did either of your parents earn a 4-year degree?  Yes  No  Unknown

Do you have a documented physical, psychological, or learning disability?  Yes  No

*If yes, you must register with the BSU Accessibility Services Office or provide documentation from your healthcare provider.*

**Please complete the information on the reverse side.**

**Eligibility Information - Part 2 – Income Verification**

*As a federally funded TRIO program, TRIO-SSS is required to provide documentation of your eligibility for our program to the U.S. Department of Education to meet TRIO regulations that two-thirds of the students in our program meet federal low-income guidelines.*

**You must complete both 1 and 2 below regardless of whether you believe you qualify as low-income.**

1) Did the parent(s)/guardian(s) of the student applying to TRIO Student Support Services claim the student as a dependent on their Income Tax Form?

Use either the 2023 or 2024 Income Tax form based on which year had the lowest taxable income.

Yes

Size of Family Unit (total number of dependents claimed on the parent(s)/guardian(s) Income Tax Form including the student applying to TRIO Student Support Services) \_\_\_\_\_

No

Size of Family Unit (total number of dependents claimed on your Income Tax Form including yourself) \_\_\_\_\_

2) Using the chart below, check the appropriate option to indicate whether taxable income is at or below the level listed for the family size listed above

- Use the parent(s)/guardian(s) taxable income if they claimed the student on their taxes
- Use the student’s taxable income if the student was not claimed on the parent(s)/guardian(s) income taxes.
- **Use completed IRS Form 1040 (not state tax forms) and use taxable income (not gross income)**
- Use either the 2023 or 2024 Income Tax form based on which year had the lowest taxable income.

Family income is at or below the levels indicated for our family size.

Family income exceeds the levels indicated for our family size.

I did not file federal income taxes and am not required to file taxes in (indicate year) \_\_\_\_\_

Federal TRIO Programs 2025 Annual Low-Income Levels (Effective January 15, 2025 Until Further Notice) Taxable Income Levels (Taxable Income is income after deductions, NOT gross income.)	
Size of Family Unit	48 Contiguous State, DC and Outlying Jurisdictions
1	\$23,475
2	\$31,725
3	\$39,975
4	\$48,225
5	\$56,475
6	\$64,725
7	\$72,975
8	\$81,225
For family units with more than 8 members, add \$5,500 for each additional family member	

I verify that the above income information is accurate to the best of my knowledge.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date