

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Medaille ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone# \_\_\_\_\_ Social Security # \_\_\_\_\_  
 ( ) Cell ( ) Home

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Email: \_\_\_\_\_ Medaille Email: \_\_\_\_\_ Sex: M F

Are you a US Citizen? Yes \_\_\_ No \_\_\_ Are you a Permanent Resident? Yes \_\_\_ No \_\_\_ Do you live on campus? \_\_\_\_\_

First semester at Medaille: \_\_\_\_\_ Have you previously earned a Bachelor's Degree? Yes \_\_\_ No \_\_\_

Degree Program & Major: \_\_\_\_\_ Anticipated date of graduation: \_\_\_\_\_

**Race:**  Asian  Black or African American  Native American or Alaskan Native  
 Native Hawaiian/other Pacific Islander  White **Ethnicity:** Are you Hispanic/Latino? \_\_\_\_\_

**Is English your first language?** Yes \_\_\_ No \_\_\_ *If no, what is your native language?* \_\_\_\_\_

**Income Status:**

**Annual Household Taxable Income** (Income after deductions. Refer to 1040EZ Line 6 / 1040A Line 27 / 1040 Line 43)

\_\_\_ \$0 - \$18,735      \_\_\_ \$18,736 - \$25,365      \_\_\_ \$25,366 - \$31,995      \_\_\_ \$31,996 - \$38,625  
 \_\_\_ \$38,626 - \$45,255      \_\_\_ \$45,256 - \$51,885      \_\_\_ \$51,886 - \$58,515      \_\_\_ Over \$58,516

**Number of people in household:** \_\_\_ **Do you live with:**  Both parents  Mother OR Father  Other family  
 Foster Care  Independent  Other

**Check One: I am a Dependent Student**  (claimed for tax purposes by parent/guardian) \*Parent signature required  
**OR I am an Independent Student**  (according to federal financial aid guidelines)

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*"All of the information provided under Household Income Status is true to the best of my knowledge."*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ (For dependent students)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ (For independent students)  
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When did you graduate HS? \_\_\_\_\_ Name of HS \_\_\_\_\_ **OR** year GED was earned \_\_\_\_\_  
 Are you a transfer student? \_\_\_\_\_ School Transferred from: \_\_\_\_\_

What is the highest level of education **COMPLETED** by each parent/guardian? (Check the box that applies)

	Mid School	HS/GED	AS Degree	Some College	Bachelor's	Beyond
Parent/Guardian 1						
Parent/Guardian 2						

**Do you have a documented disability?** \_\_\_\_\_ *Disclosure must be provided to Disability Services*

*I (print name) \_\_\_\_\_ have provided information on my TRIO Student Support Services Application that is true to the best of my knowledge.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETURN TO:**  TRIO SSS Office  
 18 Agassiz Circle Buffalo, NY 14214

114 Huber Hall  
 (716) 566-3086