



# TRIO ACHIEVERS PROGRAM APPLICATION 2021-2022

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Last First MI

Permanent Mailing Address \_\_\_\_\_  
Address City Zip

Telephone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_ DOB: \_\_\_\_\_

Winthrop ID# \_\_\_\_\_ Winthrop Email \_\_\_\_\_

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS**

**1. What is the highest level of education completed by your parents?**

Mother	Father	With whom do you live with when not at Winthrop?
<input type="radio"/> Didn't Graduate HS	<input type="radio"/> Didn't Graduate HS	<input type="radio"/> Mother & Father
<input type="radio"/> HS Diploma/GED	<input type="radio"/> HS Diploma\GED	<input type="radio"/> Mother/Guardian Only
<input type="radio"/> Associate's degree	<input type="radio"/> Associate's degree	<input type="radio"/> Father/Guardian Only
<input type="radio"/> Bachelor's degree	<input type="radio"/> Bachelor's degree	<input type="radio"/> Self
<input type="radio"/> Graduate Degree (Master's, Ph.D., M.D., J.D.)	<input type="radio"/> Graduate degree (Master's, Ph.D., M.D., J.D.)	<input type="radio"/> Other _____

**2A. For dependent students who are claimed on parent tax return:**

- What was the *taxable income* reported on your parent(s) **2020** Federal Tax Return? \_\_\_\_\_
- How many people were in your household or did your parent(s) support in **2020**? \_\_\_\_\_
- I did NOT have to file a tax return in **2020**. Reason: \_\_\_\_\_

\* I am signing as parent/guardian of the above student and verify that this income information is correct:

\_\_\_\_\_ Date \_\_\_\_\_  
**Parent/Guardian Signature** **Date**

**2B. For independent students only:**

- What was the *taxable income* reported on your **2020** Federal Tax Return? \_\_\_\_\_
- How many people were in your household/did you support in **2020**? \_\_\_\_\_
- I did NOT have to file a tax return in **2020**. Reason: \_\_\_\_\_

**3. Please answer BOTH parts A and B:**

**A. Are you Hispanic/Latino?**     Yes                       No

**B. Race/Ethnicity (check all that apply)**

- |   |   |
|---|---|
| <input type="radio"/> American Indian or Alaska Native<br><input type="radio"/> Asian – Asian American<br><input type="radio"/> African American or Black | <input type="radio"/> White<br><input type="radio"/> Native Hawaiian or Pacific Islander<br><input type="radio"/> Other _____ |
|---|---|

**4. Gender**     Male                       Female

**OVER →**

**5. Do you have a documented learning and/or physical disability?**

Yes       No    If Yes, please submit documentation to Office of Accessibility (OA) [803-323-3290]

■ If Yes, what accommodations might you need for our 3-day TRiO CONNECT Orientation program?

\_\_\_\_\_

**6. Have you participated in other TRiO programs?**     Yes       No

If yes, please indicate which program(s) and at which school \_\_\_\_\_

Educational Talent Search       Upward Bound       Student Support Services

**7. Are you:**

■ A citizen or permanent resident of the United States?     Yes     No

■ A transfer student?     Yes     No

Previous College Name \_\_\_\_\_

**8. What year did you graduate from high school?** \_\_\_\_\_

**9. What is your major? (write "undecided" if appropriate)** \_\_\_\_\_

**PARTICIPANT REQUIREMENTS**

**Students admitted into the TRiO program must actively pursue an undergraduate degree at Winthrop and must adhere to all policies and requirements set forth by the TRiO program. If admitted to TRiO, I understand that I must:**

- 1. BE SERIOUS ABOUT MY SUCCESS!**
2. Remain enrolled as a *full-time student* and strive to graduate from Winthrop University within 6 years.
3. Be a participant of the TRiO program during *my entire enrollment* at Winthrop.
4. Attend tutoring sessions, appointments with my Academic Counselor, and other services as required.
5. I further understand that I can lose my place in TRiO and all privileges associated with participation if I fail to do any of the above after being admitted.

I hereby authorize program staff to access additional information relating to my academics, financial need, and disability so that a determination can be made about my eligibility for this program and to monitor my academic progress (for example, Offices of Financial Aid, Accessibility, Records and Registration, etc). If selected for participation, I further authorize the staff to *make changes to my schedule to accommodate a TRiO ACAD section*, and to release my name, photo, and academic performance on newsletters, brochures, webpage, press releases and letters, and with Winthrop faculty/staff, so that my family, faculty, and fellow students can be kept informed of my progress. Winthrop's Office of Alumni Relations will also be provided with my name upon graduation. All of the information contained above is true to the best of my knowledge.

**\*\*Please Note: If admitted, TRiO staff will make changes to your schedule to enroll you in a TRiO-specific ACAD101 course. All effort will be made to minimize changes to class times.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**For full consideration, please complete and return by Friday, July 2nd to:  
TRiO Achievers Program, 102 Dinkins Hall, Winthrop University, Rock Hill, SC 29733**

Student Support Services is a federal TRiO program funded by the U.S. Department of Education. Acceptance into the program is contingent upon meeting eligibility criteria and space availability.