

# 2017-18 INTEREST & ELIGIBILITY FORM STUDENT SUPPORT SERVICES (SSS) PROGRAM

## ALL INFORMATION IS CONFIDENTIAL

For Office Use Only					
1 <sup>st</sup> ___	Inc ___	Dis ___	TRIO ___	None ___	
Vet ___	Married ___	Admit Y ___	N ___	Bridge ___	
Housing ___	Approver ___	Date _____			

SSS is an advising unit with benefits not available to most students; advisors with small caseloads, summer Bridge program, free printing, grant funds and laptop loans. These help our students create and maintain strong academic careers. If accepted, SSS students are encouraged (and may be required) to participate in a free four week summer bridge program and required to take a study skills course their first semester after joining SSS. **Returning this form does not obligate a student to join SSS; it only determines interest and eligibility.**

**A parent or legal guardian must complete and sign this form if** he or she claimed or will claim the student as a dependent on their 2016 income tax return, or if the student is under 24 years old, single, **and** not a veteran. The student may complete and sign it only if over 24 years old or married or a veteran.

**Please return this form based upon your 2016 income tax return within 10 days to:**

University of Wisconsin-Milwaukee TRIO Student Support Services Program  
PO Box 413/Mitchell Hall room 135  
Milwaukee, Wisconsin 53201-0413 or fax to (414) 229-6553

### STUDENT INFORMATION (please print clearly)

Student's Name: \_\_\_\_\_ Student's birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(first name) (last name) (month) (day) (year)

UWM ID Number: 9 9 \_\_ - \_\_ - \_\_\_\_ (included in your UW-Milwaukee admission letter)

**1. PARENTS' EDUCATION:** (students must meet at least one of three eligibility requirements)

Has either of the student's parents/legal guardians earned a four-year Bachelor's degree? Yes \_\_\_ No \_\_\_

If "Yes", when the parent/legal guardian received the Bachelor's degree, **how old was this student?** \_\_\_\_\_

**2. 2016 HOUSEHOLD INCOME:** Please use this table to determine if the student meets the financial eligibility requirements for this program. **Do not send a copy of your tax return.**

**Taxable income from the parents' or legal guardian's federal tax return** (1040 line 43, 1040A line 27, 1040EZ line 6) must be used if student was claimed as a dependent on their 2016 income tax return, or if the student was under 24 years old, single **and** not a veteran.

**The student's federal tax return must be used if** the student was not claimed as a dependent **and** was 24 or older, or is a veteran, or was married (spouse's 2016 income should be included).

Does the student meet the financial eligibility requirement?  
Yes \_\_\_ No \_\_\_ **You may be asked to verify this information.**

Circle the number of family members in your household as reported on your 2016 tax return	Circle the annual family taxable earnings closest to your reported 2016 annual household income.
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
8	\$61,980
9 or more	add \$6,270 each

**3. DISABILITY:** We request students with one or more documented disabilities present that information to ensure they are made aware of services to which they are entitled. Academic accommodations are available to students with disabilities. If you are a student with a disability, or have had an IEP, or used services such as a "Resource Room" in high school, please contact the UWM Accessibility Resource Center to request services ([www.uwm.edu/arc](http://www.uwm.edu/arc) ; 414-229-6287). If applicable and appropriate, briefly describe **on a separate page and add appropriate supporting documentation if available.**

Is student currently serving, or has s/he ever served, in the armed forces? Yes \_\_\_ No \_\_\_

Will student participate in the July 10-August 4 SSS Summer Bridge Enrichment Program? Yes \_\_\_ No \_\_\_ Unsure \_\_\_

If you participate in Summer Bridge, would you like information about summer room and meal plan options? Yes \_\_\_ No \_\_\_

**A parent (or legal guardian) must complete and sign this form below if the student was claimed as a dependent on the family's 2016 income tax return, or if the student was under 25 years old, single or not a veteran.**

Signature of person completing form

Please print name *clearly*

Relationship to Student

Date