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1. Name _____
2. Address _____
3. City _____ State _____ Zip _____ Home Telephone (____) _____
4. UIN Number _____ SS# _____ Birth Date _____ E-mail _____
5. Circle one: a. Freshmen b. Sophomore c. Junior d. Senior
6. Name of High School _____
Grade Point Average _____ Class Rank _____ ACT/SAT Score _____
7. Live on Campus? yes no if yes, please provide campus address _____
8. Please check the college you have been admitted to:
- Applied Health Sciences Business Administration Liberal Arts and Sciences
- Architecture and the Arts Engineering Nursing
9. The following question is optional, but provides necessary information for affirmative action requirements. How would you describe yourself?
- Native American Asian/Pacific Islander Mexican American
- African American Caucasian/White Puerto Rican
- Latino Other (please specify) _____
10. Are you a U.S. citizen? Yes No MALE FEMALE
11. Do you have a documented disability? Yes No
12. Check all that apply: Student lives with relatives Legally Independent Student Student Ward of the state

13. Parent Information: With whom do you live? (Check all that apply)
- Father Mother Legal Guardian Other _____
14. Parent(s) Employed? Yes No Occupation: father _____ Mother _____
- Name of Employer: father _____ Mother _____
15. Who completed a bachelor's degree? Father: Yes No Mother: Yes No
16. Name of parent(s) or legal guardian _____
17. Address of parent(s) or legal guardian _____
18. Current Family Income \$0-\$16, 245 \$16,245-21,855 \$21,855-\$27,465 \$27,465-\$33,075
 \$33,075-\$38,685 \$38,685-\$44,295 \$44,295-\$49,905 \$49,905-\$55,515 Over \$55,516
19. Number of person(s) living at home _____

20. EMERGENCY CONTACT

Mr./Mrs./Ms. _____ **Relationship to applicant** _____

Work Phone: _____ **Home Phone:** _____

I verify that all the information contained in this application is true to the best of my knowledge.

Signature _____ Date _____

For Office Use Only

Date application received _____ TRIO Eligibility LIFG LI FG

Accepted _____ Not Accepted _____