



University of Pittsburgh Bradford



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PRELIMINARY APPLICATION FORM

DIRECTIONS: Please answer all of the questions on this form in blue/black ink. Your responses will be used to determine whether or not you or your son/daughter is eligible to apply to TRiO Student Support Services at the University of Pittsburgh at Bradford.

STATEMENT OF CONFIDENTIALITY: This information will be maintained with strict confidentiality in a locked file. No one may see the information unless they work for the TRiO SSS or are specifically authorized.

Student Name: _____ Birth date: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Pitt email address: _____ Telephone: (____) _____

Campus Mail Box: _____ Cell Number: (____) _____

1. Financial Information (PARENT information is required for “dependent” students – i.e. if the student is less than 24 years old)

a. 2008 household annual income (with whom the student resided) \$ _____

b. How many people in your household were claimed for 2008 tax purposes? _____

c. Tax Filing Status: Married/Jointly ____ Married/Separately ____ Head of Household ____ Single ____ Widow(er) ____

2. Is the student a U.S. Citizen? Yes ____ No ____ If no, is s/he a Permanent Resident? Yes ____ No ____

3. Does the student have a disability? Yes ____ No ____ If yes, is s/he registered with UPB Disability Resources & Services? Yes ____ No ____

4. Has either parent received a Bachelor (4-year) degree?

Father: Yes ____ No ____

Mother: Yes ____ No ____

5. Has the student received a college degree? Yes ____ No ____ If yes, what degree? Associate (2yr) ____ Bachelor (4yr) ____

6. What degree are you currently seeking? Associate ____ Bachelor ____ Major: _____

Please visit the TRiO SSS website for more information and to access forms at www.upb.pitt.edu/trioss.aspx

By signing below, I certify that all of the information on this form is true and complete to the best of my knowledge. If requested, I agree to give proof of the information, including a copy of my federal income tax return. I give the TRiO SSS program permission to verify and receive information from the University of Pittsburgh at Bradford’s Office of Financial Aid and Office of Admissions.

Parent/Guardian Signature (*required if student is claimed on parent’s income tax return*)

Date

Student Signature

Date

FOR STUDENT SUPPORT SERVICES OFFICE USE ONLY

Entered in Student Access: EMPLID Number : _____

Application sent/given: ____/____/____

DATE RECEIVED