

REACH Application (2021-2022)

TRIO Student Support Services

ACADEMIC, FINANCIAL, & SOCIAL SUPPORT to transition & succeed in College

Please PRINT all answers in **blue or black ink**.

Student name: _____ Cell phone: (____) _____

Student Email (non-Cazenovia.edu): _____

When did you graduate from high school? _____ What is your declared major at Cazenovia College? _____

Are you an American Citizen? YES NO If you answered NO, what is your status? _____

Please circle YES for at least one of the designations below **and NO** for all the others that do not apply.
(or reporting purposes only - it is NOT used as a criterion for selection. May select more than one.):

Asian: YES NO Amer. Indian or Alaska Native: YES NO Black or African-American: YES NO

White: YES NO Native Hawaiian or other Pacific Islander: YES NO Hispanic or Latino: YES NO

Do you have a physical or learning disability? (You are not required to answer this question.) YES NO

If YES, please send documentation to the Office of Special Services to verify.

Do you authorize access to this information for eligibility purposes? YES NO

Name Parent/Guardian 1: _____

Parent/Guardian email & phone: _____

Circle highest level of education **completed**: Grade School High School 2-Year College 4-Year College Beyond 4-Year College

Name Parent/Guardian 2: _____

Parent/Guardian email & phone: _____

Circle highest level of education **completed**: Grade School High School 2-Year College 4-Year College Beyond 4-Year College

Who did you regularly live with prior to the age of 18?

___ Two parents (include step parents) ___ Solely with Guardian 1 ___ Solely with Guardian 2 ___ Foster Care ___ Independent

___ Other (please explain): _____

What is the address of your primary residence? _____

What is your gender assigned at birth? ___ Male ___ Female Who pronouns do you use? ___ she/her ___ he/him ___ they/them

Is English your first language? (You are NOT required to answer this question.) YES NO

Were you a member of Talent Search or Upward Bound? YES NO

If YES, which program and where: _____

FOR OFFICE USE ONLY

LI: Y N GPA: ___ SAT: ___ (v___ m___) ACT: ___ SC or LC SM099/110 EN099/102

Major: _____ Eligible (Y/N): ___ Need Code(16): ___ EnterGradeLV(19): ___

1(LI/FG) 2(LI) 3(FG) 4(DIS) 5(DIS/LI) Dis. Documented: ___

REACH Application (2021-2022) Continued

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Please check your 2019 tax status:

- Dependent:** My parent(s) claimed me as a dependent on their 2019 tax return OR
- Independent:** *An independent student is one of the following: at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, or someone with legal dependents other than a spouse, an emancipated minor or someone who is homeless or at risk of becoming homeless.*
- Other. Explain:**

Declaration of Household Size and Taxable Income (Attention! Taxable Income is not the same as Total Income!!)

State your family size: _____

For example, if you live in the same home with mom, grandma, and three siblings, your family size is six (count yourself).

Look at the following table.

- If your parent(s) claimed you as a dependent on their 2019 tax return, mark the appropriate range for **their** reported **taxable** income in 2019.
- If you completed your own tax return and classified as independent, mark the appropriate range for **your** reported **taxable** income in 2019.

Location tip: *taxable income is located on line 43 of form 1040, line 27 of form 1040A, and line 6 of form 1040EZ. Taxable income is not the same as total income or adjusted gross income. (*Office use, taxable income chart as of Jan 13, 2021)*

Total <u>Taxable</u> Household Income	✓
\$0	
Below \$19,320	
\$19,321 - \$26,130	
\$26,131 - \$32,940	
\$32,940 - \$39,750	
\$39,751 - \$46,560	
\$46,561 - \$53,370	
\$53,371 - \$60,180	
\$60,181 - \$66,990	
Above \$66,991	

WARNING: Falsifying information of this form is a federal offense, punishable by a fine, or imprisonment, or both.

I certify that the information I have provided on this application is, to the best of my knowledge, complete and correct. I understand that by applying for this program, I authorize program staff to obtain records or data pertinent to my participation from other sources, and to release information, as required by law or the terms of the Student Support Services grant, to the grant-funding agency of the United States government. The program staff has my permission to communicate verbally or otherwise with staff, faculty and /or off-campus professionals on my behalf. I hereby express an interest in participating in this program, and if selected for participation, I further authorize staff to release my name, photos and news regarding my academic performance or other achievements to member-affiliated organizations and Cazenovia College Office of Communications for use in College publications. This information may also be shared in emails, newsletters, brochures, social media and networking sites, Web sites, media press releases sent to news media outlets, and letters home. I understand that if I am selected, active participation is required to maintain membership.

Student Signature

Parent/Guardian Signature

Date

REACH Student Survey (2021-2022)

TRIO Student Support Services

Are you entering college for the first time?	YES	NO
Are you hoping to transfer any college credits to Cazenovia College? <i>If YES, please send documentation to the Office of Enrollment Services.</i>	YES	NO
Are you a commuter student?	YES	NO
Are you planning to play a sport through Cazenovia College Athletics?	YES	NO

Check all services you believe will be helpful to you as a Cazenovia College student:

Academic Assistance

Writing Reading Math Study Skills
 Test-Taking skills English as a 2nd Language Support Time Management/Organization
 Motivation
 Other (specify): _____

What obstacles might make it difficult for you to succeed in college?

What is your motivation for coming to college?

What additional services/activities, if any, would help you achieve success? _____

**For any mental health or personal counseling, students are highly encouraged to contact the Health Office at 315-655-7122.*

Applicants will be notified if eligibility criteria are met for REACH membership.

Please send the completed form to: Cazenovia College, REACH, Box 5057, Cazenovia, NY 13035

For more information, please see our website at www.cazenovia.edu/academics/center-teaching-and-learning/project-reach
OR follow us on Instagram or Facebook.

Notes: