

What is your academic goal?

- Bachelor's degree Major: _____ Associate Degree Major: _____
 Pre-professional Program Area: _____ Transfer to another school Undecided

Financial Aid (Check all that you are receiving):

- Federal Financial Aid Tribal Funding Workers' Comp. Voc. Rehab. Funding
 Veteran's Admin. Scholarship Self Pay Other _____

Eligibility Information (please circle the appropriate answer)

- Do you have a bachelor's degree? Yes No
 Did the parent/guardian with whom you resided until age 18 have a bachelor's degree? Yes No
 Do you have a documented physical or learning disability? Yes No
 Are you a United States citizen? Yes No
 Do you meet the low income guidelines listed below? Yes No

Size of Family Unit	Taxable Income	Size of Family Unit	Taxable Income
1	\$16,245	5	\$38,685
2	\$21,855	6	\$44,295
3	\$27,465	7	\$49,905
4	\$33,075	8	\$55,515

I authorize SOS/TRiO to use my name/picture for public recognition as part of the SOS/TRiO program. _____ (Initials)

Student Opportunity Services/TRiO is a program designed to help you graduate. The information provided is confidential and will help determine eligibility for the SOS/TRiO program. Discrimination is prohibited on the basis of race, gender, color, national origin, religion, age, disability, marital or parental status, or sexual orientation.

I hereby authorize SOS/TRiO to obtain and share any information pertinent to my participation in the program. This information includes, but is not limited to, financial aid information, standardized test scores, transcripts, and grade reports. I also verify that the information provided on this form is correct and complete to the best of my knowledge.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY			
Compass Scores: English _____	Math _____	ACT composite _____	Other _____
Eligibility: FG D LI	Probation: Y N	College GPA: _____	Semester: _____
Academic Need: _____		Explanation: _____ Mentor: _____	
Project Staff's Signature: _____		Date: _____	

MONTANA STATE UNIVERSITY BILLINGS
STUDENT OPPORTUNITY SERVICES/TRiO
Preliminary Questionnaire

Name: _____ ID#: _____ Date: _____

1. Are you a former TRiO participant? YES NO

If yes, circle which program: UB VUB ETS EOC SSS

2. How did you learn about Student Opportunity Services/TRiO?

3. What do you know about Student Opportunity Services/TRiO?

4. Why do you want to participate in Student Opportunity Services/TRiO? (Please be specific)

5. In detail, describe your greatest obstacle or difficulty in achieving success at school.

6. Please tell us what your sources of support are that will help you achieve success in your college experience.

7. Think carefully and finish this statement, "I will be successful because..."
