SOUTHEASTERN
LOUISIANA UNIVERSITY

Student Support Services

Income Verification

In order to process your application for Student Support Services, we will need ONE of the following types of documentation:

1. Signed US or Puerto Rican Income Tax Return (IRS Form 1040, 1040A or 1040EZ)
2. Signed Financial Aid Application
3. A signed statement indicating taxable income from the individual's parent or legal guardian
4. Verification from another governmental source (Records of untaxed income, such as Welfare, Social Security, AFDC, ADC, Veterans Benefits or State Income Tax. You can contact these agencies for the necessary documentation.)

- Income Verification (All Applicants)
- Disability Documentation (If Applicable)
- Freshmen must submit a High School Transcript or GED certificate
- Former TRIO members of another program should submit a letter of verification.

The above-mentioned documentation will be used to determine your eligibility, but will not be the only factor considered. All information submitted is confidential and will not affect any aid you and your family may be receiving at this time.

Our Federal guidelines require that we retain this documentation in a student's file, whether the student was admitted under income eligibility or not. If your parents claim you as a dependent on their income tax return, you are considered a dependent student and must submit the above information concerning your parents' income. If your parents do not claim you on their income tax return, you are considered an independent student and must submit the above information concerning your income and/or your spouse's income.

If you wish to return this application, along with requested information, by mail, please send to the following address:

Student Support Services
Southeastern Louisiana University
SLU 10382 Hammond, LA 70402

Fax to: (985) 549-3467

Or Drop off at
North Campus Main Building B, Suite 289

SOUTHEASTERN
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Eligibility _____
Counselor _____

Student Support Services
Application for Services

I was referred to Student Support Services by: _____SSS Participant _____Instructor_____ Self_____ Friend _____ SLU Campus Office

Date: _____ SS N#: _____ W #: _____

Student Name: _____
Last First Middle

Local Address: _____
Street/PO Box City State ZIP

Permanent Address: _____
Street/PO Box City State ZIP

Home Phone: (_____) _____ Cellular Phone: (_____) _____
Permission to text ☐ Yes ☐ No

Date of Birth: _____/_____/_____ Ethnicity: (AmIndAK) (Asian) (BlackAfrAm) (White) (HIPacIslndr) Ethnicity: Hispanic/Latino Background (y) (n)
(Circle all that apply)

Gender: Male_____ Female _____

Are you a legal resident of the US? Yes ____ No _____ If no, please list your Alien No.: _____

ALL APPLICANTS MUST COMPLETE THIS SECTION

Date of enrollment at SLU: _____ ACT Comp. Score: _____

Classification: FR SO JR SR Are you a: Traditional Student or Non- Traditional Student

INCOME ELIGIBILITY (Circle all that Apply)

Total Number in Household: _____ Taxable Income per year: _____

Are you: Independent (Claim Head of Household) Dependent (Claimed by parent/guardian)

Do you receive any public assistance? Yes No

Which of the following do you receive? Pell Student Loan Scholarship Other: _____

Annual Income: $16,755 or LESS $16,756 - $22,695 $22,696 - $28,635 $28,636 – $34,575

$34,575 - $40,515 $40,516 - $46,455 $46,456 - $52,395 $52,396 - $58,335

$58,335 or MORE

Eligibility

Do the parent(s) you live with have a Bachelor's (4 yr) Degree? Yes No

Do you have a documented disability? Yes No Registered with SLU Disability Services? Yes No

Please indicate the type of disability: _____

Have you ever participated in other TRIO Programs? Educ. Opportunity Center (EOC) Talent Search Upward Bound Veterans Upward Bound

Circle the services you may need assistance with: Campus Resources Career Planning Financial Aid

Study Skills Tutoring Personal Issues

Test/MathAnxiety Test Preparation Time Management

Acknowledgement

I give Student Support Services permission to request the documents/information necessary to verify the contents of this application. I certify that all information is true and correct to the best of my knowledge.

_____ _____
Student's Signature SSS Representative's Signature