

XAVIER UNIVERSITY - TRiO, STUDENT SUPPORT SERVICES
PROGRAM APPLICATION
COHORT YEAR 2023-2024

Office: 513-745-3758
Fax: 513-745-3747



Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____ Birth Date: ____/____/____

Social Security No: _____ - _____ - _____ Xavier ID#: _____

College Address: _____ Permanent Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Local Phone: (_____) _____ Permanent Phone: (_____) _____

Cellular Phone: (_____) _____ Xavier E-mail Address: _____

Check **ALL** that apply:

____ Male ____ Female ____ Single ____ Married ____ U.S. Citizen ____ Permanent Resident
____ American Indian or Alaskan Native ____ Asian ____ Black or African American
____ Hispanic or Latino ____ White ____ Native Hawaiian or Pacific Islander
____ Adult Weekend/Evening Degree

Check the highest level of education **COMPLETED** by your parent(s)/legal guardian(s):

	Grade School	High School	Associate's Degree	Bachelor's Degree	Beyond Bachelor's
Mother/Guardian	_____	_____	_____	_____	_____
Father/Guardian	_____	_____	_____	_____	_____

If unknown, please explain: _____

Do you have a documented disability? ____ Yes ____ No

If yes, please identify: _____

If yes, have you registered your documented disability with Disability Services? ____ Yes ____ No

Please contact Disability Services at (513) 745-3280.

Have you ever participated in any other TRiO programs? Yes ____ No ____ If yes, which program? Check below:

____ Talent Search ____ Upward Bound ____ Educational Opportunity Ctr. ____ Student Support Services

Required Documentation: To be turned in with application.

____ Copy of **2022** family (guardians, parents, or others) tax information (First two pages of 1040, 1040A, 1040EZ)/financial eligibility.

I certify that the information on this application is accurate to the best of my knowledge.

Student Signature: _____ Date: _____