

Student Application - Completed & signed by an admitted/enrolled degree seeking UNM-Taos student

Student Information

Full Name: _____
First Middle Initial Last

Cell Phone: _____ Pronouns: she/her/hers/herself | he/him/his/himself | they/them/their/themself | other

Citizenship

Are you a U.S. Citizen? Yes If yes, please provide **Last 4 Numbers of Social Security #:** _____
 No If no, are you a Permanent Resident? Yes
 No - Please see TRiO-SSS Director

Student Information

Date of Birth: _____ UNM ID#: _____ UNM Email: _____

Start Date at UNM-Taos: _____ College Level: First year Second year

Degree Program: Certificate: _____ | Associate's: _____

To best help you, please check all that apply: You must choose at least 1 in each column

- | | |
|--|--|
| <input type="checkbox"/> Academic Advisement – Course selection, degree requirements | <input type="checkbox"/> Low high school grades |
| <input type="checkbox"/> Career Advisement – Career goals | <input type="checkbox"/> Low admission test scores (ACT/SAT) or <input type="checkbox"/> Placed into Math 99/Math 100 |
| <input type="checkbox"/> Academic Tutoring | <input type="checkbox"/> Out of school for more than 5 years |
| <input type="checkbox"/> Financial Literacy/ Financial Aid/FAFSA assistance | <input type="checkbox"/> High School Equivalency/GED/HiSET |
| <input type="checkbox"/> Transferring to a 4-year university | <input type="checkbox"/> Need Academic Preparedness Support |
| <input type="checkbox"/> Scholarship Information | <input type="checkbox"/> Low colleges grades |
| <input type="checkbox"/> Time Management/ Study Skills | <input type="checkbox"/> Limited English proficiency |

As a federally funded program, UNM-Taos Student Support Services is required to gather gender, ethnicity and race data for grant reporting purposes. Your response is voluntary.

Gender _____ Ethnicity Do you consider yourself Hispanic/Latino? Yes No

Race Black or African American Asian
 American Indian/Alaskan Native Tribal Affiliation: _____ White
 Native Hawaiian or Other Pacific Islander

I certify the information provided is true and accurate.

Student Signature: _____ Date: _____

If dependent student - parent signature required: _____ Date: _____

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ELIGIBILITY VERIFICATION

Did your natural or adoptive parents you regularly resided with and received financial support from completed a baccalaureate degree for a university?

YES _____ OR NO _____

I have a documented disability and am/will be registered with UNM-Taos’s Accessibility Services.

YES _____ OR NO _____

Release of Information

Please initial that you have read and understood

I give permission to the UNM-Taos Student Support Services(SSS) Program to gather and report my data, that may be covered by the *Family Rights and Privacy Act of 1974 (FERPA)*, to meet The U.S. Department of Education – Federal TRiO Programs grant requirements. The data gathered will include but it is not limited to: Admissions, Financial Aid, placement scores, transcripts, financial information, date of birth, race, gender, ethnicity, tutoring, graduation and/or transfer to a 4 year university information. I understand that all information will be kept confidential and secure.

Photo and Video Release

Please initial that you have read and understood

I give my permission... I do not give my permission...

to the UNM-Taos SSS Program to release my name or image for educational or publicity purposes in any and all media.

Student Commitment – Please initial next to each statement

- _____ I grant the UNM-Taos TRiO SSS staff access to my academic and financial aid information to better assist me during our advisement sessions to help me become more knowledgeable or aware of critical information during my college experience at UNM-Taos.
- _____ I will meet with TRiO-SSS staff to discuss my personalized graduation plan, which will include but is not limited to: course selection, degree requirements, educational goals, career goals, tutoring needs and financial aid information.
- _____ To the best of my ability, I will participate in TRiO-SSS workshops, educational and cultural events.
- _____ I will attend financial literacy workshops and complete online activities that I can participate in.
- _____ I will explore educational opportunities to transfer to a 4-year university.
- _____ I am committed to maintaining a 2.0; if I drop below good academic standing, I will utilize all services to raise my GPA.
- _____ I understand that I must use my UNM e-mail (LoboMail). UNM staff can only correspond via LoboMail.
- _____ I understand I will have an Advisement Hold (LoboWeb) for the duration of my participation in UNM-Taos TRiO-SSS.

I understand the permission I have given to The UNM-Taos SSS Program staff and agree to fulfill my commitment as outlined above to work towards successfully completing my Certificate and/or Associate’s Program(s).

I certify the information provided in this application is true and accurate.

Student Signature: _____ **Date:** _____

If dependent student - parent signature required: _____ **Date:** _____

1157 County Road 110 • Ranchos de Taos, NM 87557 • (575) 737-3776 • taostrio@unm.edu • Padre Martinez SSC, Klauer Campus

The UNM-Taos TRiO SSS is a federally funded program through the U.S. Department of Education.

The University of New Mexico-Taos Campus does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities or hiring. To comply with the Americans with Disabilities Act and the Rehabilitation Act of 1973.

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Step 1: Determine Dependent or Independent Status for Financial Aid Purposes

Please mark an X to the following questions that apply to you

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you 24 years of age or older? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you married? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you veteran of the U.S. Armed Forces? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you an orphan, in foster care or ward of the court at any time at 13 years of age or older? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have legal dependents, other than a spouse, who receive more than ½ their support from you? |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time on or after July 1, 2014, was it determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been determined independent by a financial aid administrator due to a qualifying circumstance? |
| | | Answered NO to every question, you are DEPENDENT - Need to provide a copy of parent's federal income taxes. |
| | | Answered YES to any question, you are INDEPENDENT - Need to provide a copy of personal federal income taxes. |

Step 2: Determine which document needs to be provided to verify income

Dependent student – you will need to complete this form utilizing your parents' latest federal income tax information.

Independent student – you can complete this form utilizing your own latest federal income tax information (and if, married, your spouse's).

Federal TRIO Programs Current-Year Low Income Levels (Effective January 15, 2025 until further notice)

| Mark an X to the column that applies to your situation. | Size of Family Unit | TAXABLE INCOME (Not Annual/Gross Income) | | |
|---|-------------------------------|--|----------|----------|
| | | 48 Contiguous States, D.C., and Outlying Jurisdictions | Alaska | Hawaii |
| | 1 | \$23,940 | \$29,925 | \$27,540 |
| | 2 | \$32,460 | \$40,575 | \$37,335 |
| | 3 | \$40,980 | \$51,225 | \$47,130 |
| | 4 | \$49,500 | \$61,875 | \$56,925 |
| | 5 | \$58,020 | \$72,525 | \$66,720 |
| | 6 | \$66,540 | \$83,175 | \$76,515 |
| | Each Additional Family Member | \$8,520 | \$10,650 | \$9,795 |

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

| | | | | | |
|------|-------------|-------------------------------|--|---------------------|--|
| 1040 | See Line 15 | TAXABLE INCOME AMOUNT: | | FAMILY SIZE: | |
|------|-------------|-------------------------------|--|---------------------|--|

If proof of income is unavailable, provide a brief statement.

By signing this application, I certify the information provided is true and accurate.

Student Signature: _____ **Date:** _____

If dependent student - parent signature required: _____ **Date:** _____

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