



TRIO-STUDENT SUPPORT SERVICES APPLICATION

2026-2027 Academic Year

NAME: _____ Prefer to be called: _____
FIRST MIDDLE LAST

NUID#: _____ Gender at Birth M ___ F ___ Date of Birth: ____/____/____

Year in HS/College: (Circle) HS SR or College FR SO JR SR H.S. Diploma/GED from _____

ACT Score: _____ Current Cumulative GPA: (current UNK students only) _____

Referred by _____ Are you a new transfer student to UNK? [] Yes [] No

Your answers to the following will determine your eligibility for the TRIO-Student Support Services program.

⇒ Are you a U.S. Citizen? [] Yes [] No Do you have a Social Security number? [] Yes [] No

⇒ Permanent Resident Alien? [] Yes [] No **If yes, attach a copy of the front & back of your permanent resident card.**

⇒ Did either parent receive a 4-year degree from a college or university? [] Yes [] No

If yes, which parent? _____ Degree received from _____

⇒ Have you completed the 2026 - 2027 FAFSA [] Yes [] No Did you receive a Pell Grant? [] Yes [] No

⇒ Do you have a **documented** disability? [] Yes [] No If yes, have you registered with the UNK Disability Services for Students Office? [] Yes [] No

Documentation of a disability is required to be on file with the UNK Disability Services for Students (DSS) Office. Services are networked at UNK and the DSS Office maintains documentation of disabilities in addition to working with students to coordinate accommodations. TRIO-SSS provides academic strategies, coaching, and support.

⇒ Have you previously participated in any of the following TRIO programs? [] SSS [] EOC [] Talent Search

[] Upward Bound, Upward Bound Math-Science, or Veteran's Upward Bound **Where:** _____

⇒ Your academic major: _____ -or are you Undecided? []

⇒ Ethnicity [] White [] American Indian or Alaskan Native [] Native Hawaiian or Pacific Islander [] Hispanic

[] African American [] Asian **Is English your second language?** [] Yes [] No

⇒ Are you Active Military? [] Yes [] No Are you a Veteran? [] Yes [] No

(OVER)

TRIO-SSS Income Eligibility

Federal TRIO-SSS regulations require a student's income information to determine which applicants meet federal income eligibility requirements. This form is for verification of your parent's (or yours, IF you are an Independent Student) NUMBER OF HOUSEHOLD MEMBERS/FAMILY UNIT and both 2025 ADJUSTED GROSS INCOME and TAXABLE INCOME.

If your parents claimed you on their income taxes, you are considered a DEPENDENT STUDENT. If they *did not* claim you, then you are considered an INDEPENDENT STUDENT. Please complete only the section below that applies to your status.

2025 ADJUSTED GROSS INCOME is found on "Line 11" of your 1040 tax form. 2025 TAXABLE INCOME is found on "Line 15" of your 1040 tax form. **PLEASE SEE FORM 1040 EXAMPLE ON NEXT PAGE.**

Please note: These two amounts should NOT be the same. Your Adjusted Gross Income should be more than your Taxable Income!

DEPENDENT STUDENT -- PARENT(S) NUMBER OF HOUSEHOLD MEMBERS AND 2025 TAX INFORMATION

_____ I am a DEPENDENT STUDENT. (Your parents provided more than half of your financial support for 2025.)

As a DEPENDENT STUDENT, the NUMBER OF HOUSEHOLD MEMBERS/FAMILY UNIT. _____

To determine your parent's number of household members, include: (a) yourself; (b) your parents; (c) the number of other children (other than yourself and even if they do not live with your parents) who received more than half of their support from your parents between 07/01/2025 and 6/30/2026; and (d) the number of people who are not your parents' children but who live with your parents and receive more than half of their support from your parents, and will continue to receive more than half of their support from your parents between 7/01/2025 and 6/30/2026.

Did your parent(s) file 2025 taxes? [] Yes [] No If no, what was your parent's reason for not filing taxes? _____

_____ My parent(s) did not have Taxable Income or Adjusted Gross Income in 2025.

Parent(s) 2025 ADJUSTED GROSS INCOME \$ _____ (This amount should be larger than your TAXABLE Income amount on the next line.)

Parent(s) 2025 TAXABLE INCOME \$ _____

INDEPENDENT STUDENT -- NUMBER OF HOUSEHOLD MEMBERS AND 2025 TAX INFORMATION

_____ I am an INDEPENDENT STUDENT. You must meet at least one of the following criteria: (a) be at least 24 years old by Dec. 31; (b) was an orphan or ward of the court at 18 years old; (c) is married; (d) a veteran or active duty military; (e) have legal dependents; (f) was homeless as a minor.

As an INDEPENDENT STUDENT, the NUMBER OF HOUSEHOLD MEMBERS/FAMILY UNIT _____

Did you/your family file 2025 taxes? [] Yes [] No If no, what was you/your family's reason for not filing taxes? _____

_____ I/my family did not have Taxable Income or Adjusted Gross Income in 2025.

INDEPENDENT STUDENT 2025 ADJUSTED GROSS INCOME \$ _____ (This amount should be larger than your TAXABLE Income amount on the next line.)

INDEPENDENT STUDENT 2025 TAXABLE INCOME \$ _____

(OVER)

Form **1040** U.S. Individual Income Tax Return **2025** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2025, or other tax year beginning, 2025, ending, 2025. See separate instructions.

Filing pursuant to section 301.9100-2 Combat zone Deceased Spouse

Other

Your first name and middle initial Last name Your social security number

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025.

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Foreign country name Foreign province/state/county Foreign postal code

Filing Status Single Head of household (HOH) Qualifying surviving spouse (QSS) Married filing jointly (even if only one had income) Married filing separately (MFS). Enter spouse's SSN above and full name here: If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Dependents (see instructions)

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.
(6) Check if	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled
(7) Credits	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents

Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a
b Household employee wages not reported on Form(s) W-2	1b
c Tip income not reported on line 1a (see instructions)	1c
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
e Taxable dependent care benefits from Form 2441, line 26	1e
f Employer-provided adoption benefits from Form 8839, line 31	1f
g Wages from Form 8919, line 6	1g
h Other earned income (see instructions). Enter type and amount:	1h
i Nontaxable combat pay election (see instructions)	1i
z Add lines 1a through 1h	1z
2a Tax-exempt interest	2a
3a Qualified dividends	3a
c Check if your child's dividends are included in <input type="checkbox"/> Line 3a	3c
4a IRA distributions	4a
c Check if (see instructions)	1 <input type="checkbox"/> Rollover
5a Pensions and annuities	5a
c Check if (see instructions)	1 <input type="checkbox"/> Rollover
6a Social security benefits	6a
c If you elect to use the lump-sum election method, check here (see instructions)	<input type="checkbox"/>
d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here <input type="checkbox"/>	<input type="checkbox"/>
7a Capital gain or (loss). Attach Schedule D if required	7a
b Check if: <input type="checkbox"/> Schedule D not required <input type="checkbox"/> Includes child's capital gain or (loss)	7b
8 Additional income from Schedule 1, line 10	8
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9
10 Adjustments to income from Schedule 1, line 28	10
11a Subtract line 10 from line 9. This is your adjusted gross income	11a

Attach Form(s) W-2 here. Also attach Forms W-2g and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2025) Created 9/5/25

STUDENT REQUIREMENTS FOR TRIO-SSS PROGRAM PARTICIPATION

Initial each line of the following indicating that you understand and agree to the TRIO-SSS requirements.

- _____ 1. **Grade Forms** must completed and turned in to the TRIO-SSS office each semester by the due date. (Filling out a Grade Form is required by all TRIO-SSS students.) Information and the form will be sent to your UNK Loper email.
- _____ 2. Meet with your TRIO-SSS advisor each semester and confirm a **Semester Education Plan** for the following semester. (Filling out a Semester Education Plan form is required of all TRIO-SSS students.) Information and the form will be sent to your UNK Loper email.
- _____ 3. Take advantage of one or more **TRIO-SSS services** (TRIO-SSS advisor appointments, TRIO-SSS sponsored events, etc.) for a minimum of 30 minutes each semester.

Fall 2026 Semester Incoming Freshmen Transition Requirements

- _____ 4. Enroll in the **TRIO-SSS LOPR 101 (I Am a Lifelong Learner)** course which includes access to the TRIO-SSS Mentoring Program. (Mentoring Program information will be given to you in class.)

-OR-

- _____ 5. **Non-Traditional freshmen students** (graduated from high school 5 or more years ago) may elect to meet with their TRIO-SSS advisor twice each month, September through November, and utilize at least one TRIO-SSS service per month in lieu of participation in the University Foundations class and Mentoring Program. If you choose this option, you must contact the TRIO-SSS office at 308.865.8988 to set up regular meeting times with your TRIO-SSS advisor within the first 2 weeks of the semester.

(OVER)

BY SIGNING BELOW, I authorize the TRIO-SSS staff to obtain any and all information and documentation necessary for ongoing evaluation of my academic pursuits, including the information on file at various UNK offices. I also understand that the TRIO-SSS staff will assist me in achieving my goals only if I meet the student requirements for participation. **Failure to meet the TRIO-SSS student requirements can result in suspension or termination from the program.**

I certify that the information contained on this application is true and complete to the best of my knowledge. I understand that TRIO-Student Support Services will use the data provided on this application form to assist in assessing my program eligibility and academic need. Furthermore, I understand that information on this application and in my TRIO-Student Support Services file may be provided by TRIO-Student Support Services staff to Student Affairs, the Registrar's Office, Financial Aid, Admissions, and Advising and Career Services and other offices on campus on a need-to-know basis. **By signing this form, I give the UNK Financial Aid Office permission to release my information from the Free Application for Federal Student Aid (FAFSA), including but not limited to federal tax information, to the TRIO-SSS office to determine financial eligibility for the program and in future years in which I am enrolled at the University of Nebraska at Kearney.**

PUBLICITY: At times, student academic achievements or other honors and awards are published through UNK or other local media. If you wish to restrict publicity or use of any photographic material, you must come to the TRIO-Student Support Services office in the Calvin T. Ryan Library, Office 201 and sign a **Publicity Restriction Form.**

To sign digitally, use the fill & sign option when completing the form, or insert image of signature. You may also print of completed form and return with needed signatures.

STUDENT SIGNATURE (Required)

DATE

PARENT/GUARDIAN SIGNATURE (For tax income information)

DATE

Permanent Home Address

UNK or Local Address

City State Zip

City State Zip

Cell Phone

UNK Loper E-mail
(TRIO-SSS uses UNK Loper email to regularly contact participants.)

PLEASE RETURN COMPLETED FORM TO:



TRIO-STUDENT SUPPORT SERVICES
Loper Success Hub
2508 11th Avenue
C.T. Ryan Library 201
University of Nebraska—Kearney
Kearney, NE 68849-2365
Phone: 308.865.1598
TRIOSSS@unk.edu

TRIO-Student Support Services is a federally funded program that serves first generation and/or income-eligible students or students with disabilities. Additional information is available on the US Department of Education's Federal TRIO Programs-Home Page: <https://www2.ed.gov/about/offices/list/ope/trio/index.html>