



## Eligibility Verification Form 2018-2019

The following information is requested to determine eligibility for the TRIO Achievement Program. Responses to all items are required and necessary for federal TRIO reporting. Completing the form does not guarantee selection/participation in the TRIO Achievement Program at Knox College. **Help keep your information protected--do NOT email completed forms! Completed forms must be uploaded via the secure link at <http://www.knox.edu/applytrio>.**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (required)

Are you a citizen, national, or permanent resident of the U.S.? YES NO

Have you, the student, previously earned a baccalaureate/Bachelor's degree? YES NO

Have either of your custodial parents earned a baccalaureate/Bachelor's degree? YES NO

**Financial Information** – Please provide the following amounts based on your parent(s)' submitted 1040/1040A federal tax information for 2017. If Knox College considers you a self-supporting student according to federal criteria, please provide **your** individual tax information for 2017.

<b>Adjusted Gross Income</b> <i>Line 37 on 1040; Line 21 on 1040A; Line 4 on 1040EZ</i>	\$
<b>Taxable Income</b> <i>Line 43 on 1040; Line 27 on 1040A; Line 6 on 1040EZ</i>	\$
<b>Number in Household</b> <i>Include in the number: student, parents, and siblings who are under the age of 24, if the parents provide more than half of their support. Also include other people if they now live with the parents and the parents provide more than half of their support. If parents are divorced, include only the parent with whom the student lives (custodial parent) and step-parent if applicable.</i>	
If your parent(s) did not file taxes for the 2017 tax year, please initial on this line.	

### Disability Information

Do you have a documented disability that impacts your educational experience? YES NO

If YES, who will provide a confirmation letter of your disability status?

\_\_\_\_ Knox College Disability Services

\_\_\_\_ Department of Rehabilitation Services

\_\_\_\_ High school counselor/administrator

\_\_\_\_ Other licensed physician/psychologist

### Signature(s)

Your signature on this form is your assurance that, to the best of your knowledge, all information provided is true and accurate. Parent signature is required unless Knox College considers you a self-supporting student according to federal criteria. If applicable, I grant permission for the Center for Teaching and Learning, Department of Rehabilitation Services or other qualified professional to provide confirmation of my disability for determining eligibility for the TRIO Achievement Program.

\_\_\_\_\_  
Parent Signature (required unless self-supporting)

\_\_\_\_\_  
Student Signature (required)