



Applicant Name (Last, First, MI):

INSTRUCTIONS: 1) Complete **Section A**, sign and date 2) Complete **Sections B & C**, sign and date
3) Submit completed and signed form with your application.

SECTION A: Determine Parent/Legal Guardians' Highest Level of Education

Please select your parent/legal guardians' highest level of education.

Parent/Legal Guardian 1: _____ *(identify relationship to applicant)*

- ☐ Did not complete High School
- ☐ High School Diploma
- ☐ Associate's Degree (2-year degree)
- ☐ Bachelor's Degree (4-year college degree)
- ☐ Master's and/or Doctoral Degree (graduate degree)

Parent/Legal Guardian 2: _____ *(identify relationship to applicant)*

- ☐ Did not complete High School
- ☐ High School Diploma
- ☐ Associate's Degree (2-year degree)
- ☐ Bachelor's Degree (4-year college degree)
- ☐ Master's and/or Doctoral Degree (graduate degree)

Applicant's Signature

Date



Applicant Name (Last, First, MI):

Certifying Individual's Name (Last, First) (if different from Applicant):

SECTION B: Determine applicant's status below

What is your federal tax filing status according to your most recently filed federal taxes?

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Independent

You are *Independent* if **ANY** of the following conditions apply to you:

- You were 24 years of age on or before December 31 of last year;
- You have a dependent child or parent;
- You are a member or veteran of the US Armed Forces; or
- At any time since you turned 13, both of your parents were deceased, you were in foster care, or you were a dependent or ward of the court.

If **Independent**, you the **Applicant** must certify and sign this form.

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Dependent

You are a *Dependent* if **ALL** of the following conditions apply to you:

- You were under the age of 24 on December 31 of last year;
- You do not have a dependent child or parent;
- You are not a member or veteran of the U.S. Armed Forces; or
- At any time since you turned 13, one or both of your parents were living, you were not in foster care, nor were you a dependent or ward of the court.

If **Dependent**, the **tax filer** (parent or guardian) must certify and sign this form.



SECTION C: Household Size and Income Information

Given the size of your household **and** taxable income for the preceding year, based on the *Federal TRIO Programs Current-Year Low-Income Levels* chart below (Eff. January 19, 2023 until further notice) are you considered low-income? ____ YES ☐ ____ NO ☐

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$21,870	\$27,315	\$25,155
2	\$29,580	\$36,960	\$34,020
3	\$37,290	\$46,605	\$42,885
4	\$45,000	\$56,250	\$51,750
5	\$52,710	\$65,895	\$60,615
6	\$60,420	\$75,540	\$69,480
7	\$68,130	\$85,185	\$78,345
8	\$75,840	\$94,830	\$87,210

For family units with more than eight members, add the following amount for each additional family member: \$7,080 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,850 for Alaska; and \$8,145 for Hawaii. 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.

I certify that the household preceding year Taxable Income was \$_____ and the number of people in my household was: _____

I certify that all the information provided in the sections above are true, correct, and complete to the best of my knowledge.

Certifying Individual's Signature

Date

Print Name of Certifying Individual

Relation between Certifying Individual and UWM McNair Scholars Program Applicant