

## VETERANS UPWARD BOUND Program Application

(Please print legibly)

This application along with a copy of your Federal Income tax form, or a statement from Social Security or AFDC/ADC agency indication your income for the year, and a copy of your DD-214 must be submitted in order that you might be considered as a prospective student for the Veterans Upward Bound Program.

NAME:		_ SSN:	DOB:
(LAST)	(FIRST) (MI)		
ADDRESS:	CITY	<b>/</b> :	STATE: ZIP:
HOME/CELL #: W	ORK #: <b>EM</b>	AIL:	
PERSONAL INFORMATION	ACADEMIC HISTOR	Υ	MILITARY & DISABILITY INFORMATION
GENDER (CIRCLE ONE):	HAVE YOU BEEN OUT OF SCHOO	DL FOR	•••••
MALE FEMALE NOT LISTED	<b>5+ YEARS? (CIRCLE ONE)</b> : YE	•	BRANCH OF SERVICE (MARK ALL THAT APPLY):
ETHNICITY (MARK ALL THAT APPLY):	HIGH SCHOOL DIPLOMA? (CIRC		•
AMERICAN INDIAN OR ALASKAN	YES NO	•	☐ ARMY
NATIVE			☐ MARINES
TRIBE:	GED? (CIRCLE ONE)		□ NAVY
□ ASIAN	YES NO		☐ COAST GUARD
☐ BLACK OR AFRICAN AMERICAN		•	☐ NATIONAL GUARD
☐ HISPANIC OR LATINO	SCHOOL:		RESERVES
	CITY, STATE:		
■ NATIVE HAWAIIAN OR PACIFIC	YEAR COMPLETED:	•	DID YOU SERVE AT LEAST 181 DAYS OF
ISLANDER		•	ACTIVE DUTY? (CIRCLE ONE)
☐ MULTI-RACIAL	HAVE YOU COMPLETED A COLL		YES NO
	ENTRANCE EXAM? (CIRCLE ON		
CITIZENSHIP:	YES NO	:	DATE OF DISCHARGE:
U.S. CITIZEN			
PERMANENT RESIDENT ALIEN	EXAM TAKEN (I.EACT, SAT,	•	NATURE OF DISCHARGE:
(PLEASE INCLUDE NUMBER BELOW)	COMPASS):	•	HONORABLE DISCHARGE
#		•	GENERAL DISCHARGE UNDER
CURRENT EMPLOYMENT STATUS:	DO YOU HAVE A COLLEGE DEGR (CIRCLE ONE): YES NO	:	HONORABLE CONDITIONS
EMPLOYED FULL TIME	(CIRCLE ONE): YES NO	:	DISHONORABLE DISCHARGE
☐ EMPLOYED FOLL TIME ☐ EMPLOYED PART TIME	HAVE YOU EARNED ANY COLLE		☐ ENTRY-LEVEL SEPARATION ☐ OTHER: ————
UNEMPLOYED PART TIME	CREDITS? IF SO, PLEASE INDIC	•	U OTHER:
□ RETIRED	HOW MANY:	:	WHAT IS YOUR DISABILITY STATUS?
EMPLOYER:	· HOW MART!	•	DISABLED? (CIRCLE ONE): YES NO
LMFLOTER:	NAME OF INSTITUTION:	•	PERCENT OF DISABILITY:————————————————————————————————————
WHAT IS YOUR PREVIOUS YEAR'S	i i i i i i i i i i i i i i i i i i i		PERCENT OF DISABILITY.
TAXABLE INCOME? (NOT ADJUSTED		<b>:</b>	IS YOUR DISABILITY MILITARY-
GROSS INCOME; ESTIMATE IF	YEAR:	•	RELATED? YES NO
NECESSARY)			• • • • • • • • • • • • • • • • • • • •
\$	ARE YOU CURRRENTLY IN COLI	FGF? •	PREFERRED METHOD OF COMMUNICATION
	YES NO	•	(MARK ALL THAT APPLY):
FAMILY SIZE (#):		i	☐ PHONE CALL ☐ EMAIL
	HAS EITHER PARENT EARNED A 4	•	☐ TEXT MESSAGE
	DEGREE FROM A COLLEGE/UNIVE		SOCIAL MEDIA (I.EFACEBOOK
	YES NO   MOTHER	FATHER	MESSENGER, TWITTER DM)

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CONTINUED...

## **SECONDARY/EMERGENCY CONTACT INFORMATION**

NAME:	RELATIONSHIP:
	CITY: STATE: ZIP:
PHONE #:	<u></u>
HOW DID YOU HEAR ABOUT US?	ACADEMIC GOALS
□ workforce	EDUCATIONAL GOALS:
□ VOCATIONAL REHAB	COLLEGE DEGREE (EITHER 2 YEAR OR 4 YEAR)
☐ AMERICAN LEGION	□ VOCATIONAL OR TECHNICAL CERTIFICATE
☐ MILITARY FAMILY ASSISTANCE CENTER	☐ GED
□ WORD OF MOUTH	UNDECIDED
□ WEBSITE	
□ v <sub>E</sub> w	WHICH SCHOOL DO YOU PLAN TO ATTEND?
☐ TAP BRIEFING	
□ VA/VET CENTER	
□ OTHER	DESIRED COURSES (WHILE IN PROGRAM):
HOW WOULD YOU DESCRIBE YOUR PROFICIENCY IN	□ матн
MATH?	☐ ENGLISH
☐ I AM PROFICIENT IN MATH.	☐ COMPUTER LITERACY
☐ I AM NOT PROFICIENT IN MATH.	☐ FINANCIAL LITERACY
L TAM NOT PROFICIENT IN MATH	☐ OTHER:
	AL DOCUMENT S NEEDED TO COMPLETE THE APPLICATION PROCESS.  DATE:
	EASE OF SCHOOL RECORDS
Pursuant to my signature below, I hereby (a) authorize the Program Parties t information relating to the student (the "Information") that is in the posse	o inspect and copy any academic, attendance, disciplinary and/or financial aid ssion of any academic or financial institution, and (b) permit any academic or mation in the possession of such academic or financial institution.
I hereby authorize the Program Parties to use the student's photograph in co	<b>RELEASE</b> njunction with such student's given name (or fictitious name) for reproduction rpose of advertising, display, exhibition or editorial use.
	LANEOUS
RELEASES DESCRIBED HEREIN AND THE MEANING OF THE RELEASES, WAI HAVE BEEN ANSWERED. I agree to all of the foregoing with the intent to be I heirs, executors, administrators and assigns. It is intended that if any port	E HAD AN OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THE SERVICES AND VERS AND INDEMNIFICATIONS PROVIDED HEREIN. ALL OF SUCH QUESTIONS egally bound on behalf of myself and to the extent that I am able to do so, any ion hereof is held invalid, the remainder shall remain in full force and effect.
	the permitted releases will remain solely with
associated with the student's school without conse	red to any other individual or agency other than faculty ent from the person whose signature appears below.
	THORIZATION
SCHOOL RECORDS RELEASE (CIRCLE ONE): YES NO	PHOTO RELEASE: YES NO
SIGNARURE: ————————————————————————————————————	DATE:
OPPYOR A	ICE ONLY
	JSE ONLY
PROGRAM SPECIALIST (PRINT NAME):  TRACK: SERVICES:	SIGNATURE: DATE: