



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: (Last) (First) (MI) SSN: Birth Date: Address: City: State: Zip: Home/Cell Phone: Work Phone: Email:

Personal Information section including gender, ethnicity, citizenship, employment status, and family size table.

Academic Information section including highest grade completed, high school diploma/GED, college entrance exam, and currently attending college.

Military Information section including branch of service, date of discharge, and type of discharge.

Contact Information section including address, phone, fax, email, and website for Veterans Upward Bound-WSU.

I certify that all the information on this form is true and accurate to the best of my knowledge. I also authorize VUB permission to obtain and review any academic and financial documents needed to complete the application process.

Signature Date



Emergency Contact
Name: Relationship:
Address: City:
St: Zip: Phone:
Email:

How did you hear about us?
Workforce VFW
Voc-Rehab TAPS
American Legion VA/Vet Ctr
Family Asst. Ctr. Veteran
Family/Friend Other

Courses You Wish To Take: Academic Goals Reason for Entering VUB Program:
Math, Science, English, Computer Literacy, Computer Internet, Financial Literacy, Spanish, Other
Educational Goals: College Degree, Vo-Tech, GED, Undecided
Preparation for a 4-year degree, Preparation for a 2-year degree, Assistance in college entrance, Preparation for GED, Vocational/Technical Certification, Increase employment skills, Personal satisfaction, Other

Authorization for Release of School Records

Pursuant to my signature below, I hereby (a) authorize the Program Parties to inspect and copy any academic, attendance, disciplinary and/or financial aid information relating to the student (the "Information") that is in the possession of any academic or financial institution, and (b) permit any academic or financial institution to disclose to the Program Parties any Information in the possession of such academic or financial institution.

Photo Release

I hereby authorize the Program Parties to use the student's photograph in conjunction with such student's given name (or fictitious name) for reproduction in any medium that the Program Parties see fit for purpose of advertising, display, exhibition or editorial use.

Miscellaneous

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING. I HAVE HAD AN OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THE SERVICES AND RELEASES DESCRIBED HEREIN AND THE MEANING OF THE RELEASES, WAIVERS AND INDEMNIFICATIONS PROVIDED HEREIN. ALL OF SUCH QUESTIONS HAVE BEEN ANSWERED. I agree to all of the foregoing with the intent to be legally bound on behalf of myself and to the extent that I am able to do so, any heirs, executors, administrators and assigns. It is intended that if any portion hereof is held invalid, the remainder shall remain in full force and effect.

Any information obtained from this form or the permitted releases will remain solely with Veterans Upward Bound-WSU and will not be transferred to any other individual or agency other than faculty associated with the student's school without consent from the person whose signature appears below.

Release Authorization
School Records Release: Yes No
Photo Release: Yes No
Signature: Date:

For Office Use ONLY
Program Specialist (PLEASE PRINT NAME) Signature Date
Track Services