



Application for Services

| Applicant Information | | | | |
|---|--------|--|---|--|
| Last Name | First | Middle Initial | Social Security # | Date of Application |
| Mailing Address | | | | Date of Birth |
| City | | State, Zip | | |
| Email Address | | Day Phone | Cell Phone | |
| Emergency Contact : | Phone: | | Relationship to Applicant: | |
| Marital Status: Circle One Married Separated Single Divorced Widowed | | | | |
| Participant Demographics | | | | |
| Employment <input type="checkbox"/> unemployed <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> retired | | Disability <input type="checkbox"/> Yes <input type="checkbox"/> No | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic |
| Race (Check all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other | | | | |
| Education | | | | |
| High School Have you completed High School? (Circle one) H.S. Graduate G.E.D. Graduate Not completed Date of last enrollment _____ Did you take the SAT and/or ACT? (Circle one) Yes No SAT Score: _____ ACT Score: _____ N/A | | | | |



College (Circle one)

Have you completed a college degree? **Yes** **No** A.A./A.S. B.A./B.S. Not completed

College, Degree Type, Program/Major _____ N/A

Have you been out of school for five or more years? (high school or post-secondary school) (Circle one)

Yes No

What are your future education and career goals?

Military Service

Service (Check all that apply)

- I served on active duty as a member of the Armed Forces of the United States for a period of more than 180 days.
- I served on active duty as a member of the Armed Forces of the United States and was discharged or released because of a service connected disability.
- I was a member of a reserve component of the Armed Forces of the United States and was called to active duty for a period of more than 30 days.
- I was a member of a reserve component of the Armed Forces of the United States who served on active duty in support of a contingency operation on or after September 11, 2001.

Branch of Service (Circle one)

Air Force Marine Corps Coast Guard Army Navy Reserve/NG

Discharge (Circle one)

Honorable General Bad Conduct Dishonorable Other than Honorable Other _____

Date of most recent discharge _____

Dates of Service - From: To:

Rank at Discharge:

DD 214 RE Code:

G.I. Benefits (Circle one)

Are you eligible for G.I. Bill education benefits? Yes No Not sure

Do you have a disability related to your military service? Yes No

First Generation Status

Did either parent or guardian with whom you resided have a bachelor's degree prior to you turning 18?
**Please provide this information only for those parents/guardians living in your former household.* (Circle one)

Mother/Female Guardian: Yes No Father/Male Guardian: Yes No



| Income Complete ONE of the two boxes below | |
|--|--|
| <p>Complete this item if you DID file a tax return last year.</p> <p>I filed an income tax return last year. The number of individuals currently living in my household and/or claimed as dependents (including myself) is _____.</p> <p>My total <i>taxable</i> income for last year was \$ _____ (Form 1040 line 43 or Form 1040A line 27). Please note that taxable income is different from gross or net income.</p> <p><i>*If available, please mail a copy of your 1040 or 1040A to our office as soon as possible.</i></p> | <p>Complete this item if you were NOT required to file a tax return last year.</p> <p>I was not required to file a tax return last year. The number of individuals currently living in my household and/or claimed as dependents (including myself) is _____.</p> <p>My total non-taxable income for last year (from all sources) was \$ _____.</p> |
| Citizenship | |
| Are you a Citizen, National, or Permanent Resident of the United States? (Circle one) Yes No | |
| If "no", do any of these situations apply? | <input type="checkbox"/> I am in the United States for other than a temporary purpose. <i>Please provide evidence from the Immigration and Naturalization Service of your intent to become a permanent resident.</i> <input type="checkbox"/> I am a permanent resident of Guam, the Northern Mariana Islands, or the Trust Territory of the Pacific Islands. <input type="checkbox"/> I am a resident of the Freely Associated States – the Federated States of Micronesia, The Republic of the Marshall Islands, or the Republic of Palau. |
| How Did You Hear About Veterans Upward Bound? | |
| <input type="checkbox"/> Referral from community agency <input type="checkbox"/> Referral from veterans' agency (VA, Vet Center) <input type="checkbox"/> Advertisement <input type="checkbox"/> Our website <input type="checkbox"/> Referral from a school or educational institution | <input type="checkbox"/> Word of mouth/walk-in <input type="checkbox"/> Referral from another TRIO project <input type="checkbox"/> Referral from non-TRIO program <input type="checkbox"/> Other _____ |

I would like to participate in the Veterans Upward Bound program and receive the free services provided.

I agree to adhere to all policies stated in the VETERANS UPWARD BOUND Information Packet.

I understand and agree that failure to satisfactorily participate according to the VUB attendance policy can and will result in administrative withdrawal from the VUB Program.

I further understand and agree that the VUB Program cannot benefit me without my full participation and cooperation in all activities.

I agree to achieve my VUB Program Objective according to the Individualized Education Plan.

I hereby certify that the information provided in this application is accurate and complete to the best of my knowledge.

Veteran signature: _____ Date: _____

