# VETERANS UPWARD BOUND

# Application for Services

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| **Personal Information** | | | | | | | | | | | | | | |
| Name Last First Middle Initial | | | | | | | | Social Security # | | | | | Date of Application | |
| Address | | | | | | | | | | | | | Date of Birth | |
| City, State, Zip | | | |  | | | | | | | | | | |
| Email Address | | | | Day Phone | | | | | | Cell Phone | | | | Evening Phone |
| Emergency Contact Name Phone Relationship | | | | | | | | | | | | | | |
| **Participant Demographics** | | | | | | | | | | | | | | |
| Employment  * unemployed * part-time | 1. full-time 2. retired | Disability  1. Yes 2. No | | | Gender   Male   Female | | | | | | Ethnicity  Are you Hispanic/Latino?   Yes  No | | | |
| **Race (Check all that apply)**   American Indian/Alaskan Native  Black or African American  Native Hawaiian or other Pacific Islander   Asian  White | | | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | | |
| **High School**  Have you completed High School?  H.S. Graduate  G.E.D. Graduate  Not completed  Date of last enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did you take the SAT and/or ACT? SAT Score:\_\_\_\_\_\_\_\_\_\_ ACT Score: \_\_\_\_\_\_\_\_\_\_  N/A | | | | | | | | | | | | | | |
| College  Have you completed a college degree?  A.A./A.S.  B.A./B.S.  Currently enrolled  Not completed  College, Degree Type, Program/Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A  Date of last enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | | | | | | | | | | | | | | |
| **Do you have a defaulted student loan?** | | |  Yes | | | | | |  No | | |  Unsure | | |
| **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**   Air Force  Marine Corps  Coast Guard  Army  Navy  Reserve/NG | | | | | | | | | | | | | | |
| **Discharge**   Honorable  General  Bad Conduct  Dishonorable  Other than Honorable  Other \_\_\_\_\_\_\_\_\_\_\_  Date of most recent discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **G.I. Benefits**  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.*  Mother/Female Guardian:  Yes  No Father/Male Guardian:  Yes  No | | | | | | | | | | | | | | |
| **Income**  **Complete ONE of the two boxes below** | | | | | | | | | | | | | | |
| **Complete this item if you DID file a tax return last year.**  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 \_\_\_\_\_\_\_\_\_\_\_.  My total *taxable* 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.  *\*If available, please mail a copy of your 1040 or 1040A to our office as soon as possible.* | | | | | | | **Complete this item if you were NOT required to file a tax return last year.**  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 \_\_\_\_\_\_\_\_\_\_\_.  My total non-taxable income for last year (from all sources) was $ \_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | |
| **Citizenship** | | | | | | | | | | | | | | |
| Are you a Citizen, National, or Permanent Resident of the United States?  Yes  No | | | | | | | | | | | | | | |
| If “no”, do any of these situations apply? | * I am in the United States for other than a temporary purpose. *Please provide evidence from the Immigration and Naturalization Service of your intent to become a permanent resident.* * I am a permanent resident of Guam, the Northern Mariana Islands, or the Trust Territory of the Pacific Islands. * 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?** | | | | | | | | | | | | | | |
| 1. Referral from community agency 2. Referral from veterans’ agency (VA, Vet Center) 3. Advertisement 4. Our website 5. Referral from a school or educational institution | | | | | | 1. Word of mouth/walk-in 2. Referral from another TRIO project 3. Referral from non-TRIO program 4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

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

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

Applicant signature: Date:

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| **For Staff Use** |
| **Received by**:  RS  TW  DB **Method:**  Phone  Mail  In Hand **Eligibility:**  LI  FG  AF  Not eligible  **If certified via phone:** Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_\_ **Attached Documents:**  Taxes  DD214 Transcript(s)  **Status**:  Accepted  Waitlisted  Denied **Director’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_ |