

# Veterans Upward Bound - Application for Participation

## Section I - Personal

Print Name: First		M.I.		Last		Preferred Name		E-Mail Address		
Current Address: Street or P.O. Box			City		State		Zip		Home Phone (with area code)	Work Phone (with area code)
Social Security Number		Date of Birth		Are you:				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> U.S. Citizen; <i>or</i> <input type="checkbox"/> Permanent Resident										
Ethnicity								Gender		
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan		<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian		<input type="checkbox"/> Multi-racial <input type="checkbox"/> Other		<input type="checkbox"/> Male <input type="checkbox"/> Female		
How did you hear about Veterans Upward Bound (VUB)?										
<input type="checkbox"/> VUB Letter <input type="checkbox"/> Radio		<input type="checkbox"/> Other Participants <input type="checkbox"/> V.A.		<input type="checkbox"/> Employment Office <input type="checkbox"/> Website		<input type="checkbox"/> New Employee Orientation <input type="checkbox"/> Other: _____		<input type="checkbox"/> Flyer or Bookmarks, Where: _____		
*Permanent Address:		Street or P.O. Box		City		State		Zip		Home Phone (with area code):

\* or address of someone who will always know where you can be reached

## Section II - Education

Please check all that apply:		Last College Attended:		Dates:			
<input type="checkbox"/> Some High School <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma		<input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree		-			
Highest College Level Completed:		College GPA:		Credit hours earned:		Number of semesters:	
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior		<input type="checkbox"/> 4.0 (A's) <input type="checkbox"/> 3.0 (B's) <input type="checkbox"/> 2.0 (C's)		<input type="checkbox"/> 1.0 (D's) <input type="checkbox"/> Cannot remember			
<i>First Generation</i> - Did either of your parents graduate from a four-year college/university? <input type="checkbox"/> Yes If yes, from where? _____ <input type="checkbox"/> No _____				What is your academic need? <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Science <input type="checkbox"/> Spanish <input type="checkbox"/> Computer Technology <input type="checkbox"/> Other: _____			

## Section III - Military and Employment History

Veteran Status: Branch		Dates of Service		Discharge Type		Current Employment Status:				
		-				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired				
Dependent Status (as claimed on a W-4 and/or tax return)			Do you support your parents? (as dependents)			Total number of dependents claimed on federal income tax return				
<input type="checkbox"/> Self <input type="checkbox"/> Spouse # of children _____			<input type="checkbox"/> Yes # of parents _____ <input type="checkbox"/> No if you answered "yes"			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				
Check the box that reflects your family's <u>taxable income</u> for last year - after deductions (not gross income). (IMPORTANT: as shown on line 39 on IRS 1040, line 25 on 1040A or line 6 on 1040EZ)										
<input type="checkbox"/> No Taxable Income <input type="checkbox"/> \$1 - \$14,700 <input type="checkbox"/> \$14,701 - \$19,800 <input type="checkbox"/> \$19,801 - \$24,900		<input type="checkbox"/> \$24,901 - \$30,000 <input type="checkbox"/> \$30,001 - \$35,100 <input type="checkbox"/> \$35,101 - \$40,200 <input type="checkbox"/> \$40,201 - \$45,300		<input type="checkbox"/> \$45,301 - \$50,400 <input type="checkbox"/> Above \$50,401						

## Declaration and Authorization for Release of Information

I declare that all information on this application is true to the best of my knowledge. VUB has my permission to verify this information. I understand the submission of untrue information can result in my termination from the program.

Signature \_\_\_\_\_

Date \_\_\_\_\_