



VETERANS UPWARD BOUND PARTICIPANT APPLICATION



CONTACT INFORMATION

Last Name:	First Name:	Middle Initial:
SSN:	Birth Date:	Gender:
Current address:		
City:	State:	ZIP Code:
Phone #:	E-mail:	

DEMOGRAPHIC DATA

Citizenship Status:	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Permanent Resident
Ethnicity / Race: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> African American or Black <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander	Education Status:	Employment Status:
	<input type="checkbox"/> High School Dropout	<input type="checkbox"/> Unemployed
	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Employed Part Time
	<input type="checkbox"/> GED/High school equivalency recipient	<input type="checkbox"/> Employed Full Time
	<input type="checkbox"/> High School Graduate with some college	<input type="checkbox"/> Retired
	<input type="checkbox"/> GED/High School equivalency with some college	<input type="checkbox"/> Unknown
<input type="checkbox"/> Unknown		

Referral / Recruitment Source:	Today's Date:
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ELIGIBILITY DATA

Initial next to appropriate statement

	Prior to my turning 18, neither biological or adoptive parent in my household, with whom I lived with 50% of the time, had attained a bachelors degree				
	I have a service connected disability				
	I have a non-service connected disability				
	I have been out of school for 5 years or more	Last school year:			
	I have taken the SAT, ACT, Compass, Accuplacer, or other standardized exam				
Exam		Score		Date	
Exam		Score		Date	

SERVICE ELIGIBILITY DATA

Service Status:	<input type="checkbox"/> Separated	<input type="checkbox"/> Retired	<input type="checkbox"/> National Guard	<input type="checkbox"/> Reserve	<input type="checkbox"/> Active
Branch of Service:	Dates of Service:				

Character of Discharge:

Initial next to appropriate statement

	I have served on active duty as a member of the Armed Forces of the United States for a period of more than 180 days and was discharged or released under conditions other than dishonorable				
	I have 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 (as that term is defined in section 101(a)(13) of title 10, United States Code) on or after September 11, 2001				
	I do not meet one of the criteria listed above				

INCOME ELIGIBILITY DATA

Please provide financial information so we can determine if you meet the income eligibility guidelines set by the U.S. Department of Education.

Students are financially eligible if your household taxable income is not more than established limits.

What was your **TAXABLE INCOME** reported on **last year's** federal tax return(s)?

IRS FORM 1040 - LINE 4
 IRS FORM 1040A - LINE 27
 IRS FORM 1040EZ - LINE 06

\$ _____
 ~ OR ~

I was NOT required to file a federal tax return last year and, therefore, have \$0 taxable income
 _____ (initial)

Size of family (including applicant): _____

Marital Status:

- Single
- Married – file jointly
- Married – file separately
- Head of Household
- Single w/ dependents
- Qualifying widower with dependent children

(VUB STAFF TO COMPLETE)

Taxable income falls within the federal guidelines:
 Yes No

PREVIOUS EDUCATION

High School Graduated from or last attended _____

City	State	Graduation or GED Completion Date	
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Name during attendance if different than current name _____

College/University/Technical School attended _____

City	State	Dates of attendance	
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Was a degree earned? Type and date if yes _____

Name during attendance if different than current name _____

College/University/Technical School attended _____

City	State	Dates of attendance	
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Was a degree earned? Type and date if yes _____

Name during attendance if different than current name _____

Other Education Organization Name _____

City	State	Dates of attendance	
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Degree or certificate earned?
 Type and date if yes _____

Are you currently working with another TRiO program? Yes No
 Program: _____

_____ I have a Joint Services Transcript (Army, Marine, Navy, Coast Guard)

_____ I have a Community College of the Air Force Transcript

_____ I request a review of my military transcripts for possible credit purposes. (Note, this will be done through the Veteran Service Office or Prior Learning Assessment office)

SIGNATURES

The information I have provided is true and correct to the best of my knowledge. Completion of this application indicates my desire to participate and receive services and for program staff to obtain and utilize my personal information to assist me in reaching my educational goals.

I certify that all the information regarding **VETERAN STATUS, FIRST GENERATION** and **FINANCIAL ELIGIBILITY** reported on the Veterans Upward Bound at USM's application, is to the best of my knowledge and belief, true, correct and complete.

Signature of applicant: _____	Date: _____
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