



# Application Packet

**Arizona State University  
TRIO Veterans Upward Bound  
1250 South College Ave  
Tempe, AZ 85287-1912  
Tel: 480.965.3944**



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*FUNDED 100% BY THE U.S. DEPARTMENT OF EDUCATION*

*Number of students served per year of funding: 140.*

Personal Information			
Last Name	First Name	Middle Name	Date of Application
Address		Date of Birth (mm/dd/yyyy)	Social Security #
City, State, Zip		Home Phone #	Mobile (Cell) Phone # <input type="checkbox"/> Check box to receive text messages
E-mail Address		Emergency Contact (Name & Phone)	

Military Service	
<b>Service</b> <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Reserve/ NG	<b>Date of most recent discharge:</b> _____ <b>Time in Service:</b> (years/months) _____
<b>Type of Discharge</b> <input type="checkbox"/> Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> General <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Other _____	<b>Check one</b> <input type="checkbox"/> I served at least 180 days of active duty service <input type="checkbox"/> I did not serve 180 days of active duty service, but was discharged with a service-connected disability <input type="checkbox"/> None of the above

Education	
<b>What is your highest education level? Check only one</b> <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> G.E.D. (or High School Equivalency) <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School with some College <input type="checkbox"/> Master's Degree <input type="checkbox"/> G.E.D with some College <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Certificate (Vocational/Technical/Professional) <input type="checkbox"/> None of the above	
<b>As of today, have you been out of school for five or more years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What is your future education/career goal?</b>  _____ _____	
<b>After completing Veterans Upward Bound, what is your education plan?</b> <input type="checkbox"/> College/University <input type="checkbox"/> GED only (no school afterwards) <input type="checkbox"/> Community College <input type="checkbox"/> Employment only <input type="checkbox"/> Vocational/Technical School              (no school after VUB)	

First-Generation Status	
<b>Has either parent graduated from a college or university earning a bachelor's degree?</b> Mother: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                      Father: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

VUB Services		
<b>What Veterans Upward Bound services are you most interested in? Check all that apply</b>		
<input type="checkbox"/> Assessment of academic skills <input type="checkbox"/> Academic refresher courses ○ English Composition ○ Foreign Language: Spanish ○ Mathematics ○ Reading/Literature ○ Science ○ Computer Literacy (Basics) ○ Other _____ <input type="checkbox"/> G.E.D. completion	<input type="checkbox"/> Development of an education or career plan <input type="checkbox"/> Assistance with postsecondary enrollment <input type="checkbox"/> Information about college degree plans and programs <input type="checkbox"/> Study skills <input type="checkbox"/> College visits/tours <input type="checkbox"/> Assessment of career interests <input type="checkbox"/> Assistance with employable skills	<input type="checkbox"/> Assistance with financial aid or military educational benefits <input type="checkbox"/> Assistance with transitioning with civilian life or college <input type="checkbox"/> Assistance with VA benefits <input type="checkbox"/> Referral to community/veterans' agencies and supportive services <input type="checkbox"/> Cultural and social opportunities <input type="checkbox"/> General support

Background Information		
Completion of the following is required for reporting and verification purposes. Responses are kept confidential!		
<b>What is your ethnic/racial background? Check all that apply</b>		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<b>Gender</b>	<b>Employment</b>	<b>Do you have a disability? Check all that apply</b>
<input type="checkbox"/> Male	<input type="checkbox"/> Full-time	<input type="checkbox"/> Yes—Military Related
<input type="checkbox"/> Female	<input type="checkbox"/> Part-time	<input type="checkbox"/> Yes—Other
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Yes—Learning Disability
	<input type="checkbox"/> Retired	<input type="checkbox"/> No
<b>Are you a Citizen, Nationalized, or Permanent Resident of the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If "no", do any of these situations apply?</i>		
<input type="checkbox"/> Yes, 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"/> Yes, I am a permanent resident of Guam, the Northern Mariana Islands, or the Trust Territory of the Pacific Islands.		
<input type="checkbox"/> Yes, 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.		

Income Status									
<p><b>Complete this item only if you filed a tax return last year</b></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 <b>taxable</b> income for last year was equal or less than...</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> \$18,735</td> <td><input type="checkbox"/> \$45,255</td> </tr> <tr> <td><input type="checkbox"/> \$25,365</td> <td><input type="checkbox"/> \$51,885</td> </tr> <tr> <td><input type="checkbox"/> \$31,995</td> <td><input type="checkbox"/> \$58,515</td> </tr> <tr> <td><input type="checkbox"/> \$38,625</td> <td><input type="checkbox"/> \$65,145</td> </tr> </table>	<input type="checkbox"/> \$18,735	<input type="checkbox"/> \$45,255	<input type="checkbox"/> \$25,365	<input type="checkbox"/> \$51,885	<input type="checkbox"/> \$31,995	<input type="checkbox"/> \$58,515	<input type="checkbox"/> \$38,625	<input type="checkbox"/> \$65,145	<p style="text-align: center; font-size: 2em; font-weight: bold;">OR</p> <p><b>Complete this item only if you did <u>NOT</u> file a tax return last year</b></p> <p>I did not file a tax return last year. My total non-taxable income for last year (from all sources) was \$_____ and the number of individuals currently living in my household and/or claimed as dependents (including myself) is _____.</p> <p><input type="checkbox"/> Check box if current income is \$0.00 due to unemployment.</p>
<input type="checkbox"/> \$18,735	<input type="checkbox"/> \$45,255								
<input type="checkbox"/> \$25,365	<input type="checkbox"/> \$51,885								
<input type="checkbox"/> \$31,995	<input type="checkbox"/> \$58,515								
<input type="checkbox"/> \$38,625	<input type="checkbox"/> \$65,145								

VUB Recruitment	
<b>How did you hear about Veterans Upward Bound?</b>	
<input type="checkbox"/> Referral from community agency	<input type="checkbox"/> Word of mouth/walk-in
<input type="checkbox"/> Referral from veterans' agency (VA, Vet Center)	<input type="checkbox"/> Referral from another TRIO project
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Referral from non-TRIO project
<input type="checkbox"/> Our website	<input type="checkbox"/> Other _____
<input type="checkbox"/> Referral from a school or education institution	

**Privacy Act**

*In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552A), you are hereby notified that the Department of Education is authorized to collect information to implement the Veterans Upward Bound program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, sec. 402C). In accordance with this authority, the Department receives and maintains personal information on participants in the Veterans Upward Bound program. The principle purpose for collecting the information is to administer the program, including tracking and evaluating participants' academic progress. Providing the information on this form, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of official duties.*

**I would like to participate in ASU TRIO Veterans Upward Bound 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 \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
After carefully reviewing the application including eligibility measures, it's <b>my recommendation</b> that the applicant be:	
<input type="checkbox"/> <b>Invited</b> to join the ASU TRIO Veterans Upward Bound project – START DATE: (mm/dd/yyyy) _____	
<input type="checkbox"/> <b>Denied</b> admission into the ASU TRIO Veterans Upward Bound project – REASON: _____	
VUB Staff Reviewer's Signature & Date: _____	
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VUB Project Director	<input type="checkbox"/> Accepts staff eligibility review/recommendation. Approves — <input type="checkbox"/> Invitation <input type="checkbox"/> Denial <input type="checkbox"/> Declines staff review/recommendation: <input type="checkbox"/> Requires staff to reassess student application OR <input type="checkbox"/> Overrides staff recommendation — <input type="checkbox"/> Invites applicant to join VUB <input type="checkbox"/> Denies applicant VUB admission
Signature & Date: _____	Mrs. Julia R. Gusse, VUB Project Director

## Veterans Upward Bound

A Federal TRIO Program

PO Box 871912, TEMPE, AZ 85287-0812  
IRISH HALL A, ROOM #121  
HTTP://VUB.ASU.EDU

PHONE: (480) 965-3944  
FAX: (480) 965-1294  
E-MAIL: VUB@ASU.EDU

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TO WHOM IT MAY CONCERN:

\_\_\_\_\_, SS# \_\_\_\_\_, DOB \_\_\_\_\_,  
(Enter Student's First & Last Name) (Enter Student's Social Security #) (Enter Student's Date of Birth)

has applied to Veterans Upward Bound, a Federal TRIO Program at Arizona State University (ASU). In order to properly assess the student's application, ASU TRIO Veterans Upward Bound is in need of his/her academic record. This is to authorize you to send a copy of the student's academic items listed below:

- Transcript including Grade Point Average
- Progress Report(s) including Instructor Comments/Notes
- Attendance Record *(Fall, Spring, and Summer – if applicable)*
- Test Scores *(e.g., SAT, ACT, ACCUPLACER, COMPASS, etc.)*
- Class Schedule *(Fall, Spring, and Summer – if applicable)*
- If applicable, most recent Individualized Education Program (IEP)

Please submit the items to ASU TRIO Veterans Upward Bound via e-mail, fax or mail – see contact information above – as soon as possible in order to complete the student's ASU TRIO Veterans Upward Bound application. Thank you for your time, assistance and cooperation with this request.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Student Contact Information:*

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**PRIVACY ACT:** In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552A), you are hereby notified that the US Department of Education is authorized to collect information to implement the Upward Bound program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, sec. 402C). In accordance with this authority, the Department receives and maintains personal information on participants in the Upward Bound program. The principle purpose for collecting this information is to administer the program, including tracking and evaluating participants' academic progress. The information that is collected will be retained in the program files and may be released to other Department officials in the performance of official duties.

**CONSENT FOR ACCESS TO EDUCATION RECORDS OR PROXY**

Full Name of Student: \_\_\_\_\_ Student's SS#: \_\_\_\_\_

**CONSENT FOR ACCESS TO EDUCATIONAL RECORDS**

Access to educational records\* does not give permission to make changes to the student's record. For permission to make changes to a student's record see the "Proxy: To Request Processing of Transactions" section below.

**Limited Use:** This authorization begins the day the student enrolls in ASU TRIO Veterans Upward Bound (VUB) and, for tracking purposes, ends approximately six years after the student completes participating in VUB per federal guidelines.

\* Educational records include, but are not limited to, transcripts, progress reports, attendance, test scores, school personnel verbal and written communication, and student assignments/materials.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Individual(s)/Organization(s) to Whom Access to Records May be Provided: ASU TRIO Veterans Upward Bound – Director, Program Coordinators, Administrative Assistant, Instructors, Teacher Assistants, Tutors and Office Assistants; US Department of Education, Office of Postsecondary Education, Federal TRIO Programs; and/or Arizona State University, Educational Outreach & Student Services, Dean of Students Office, Department of TRIO Programs, Arizona Board of Regents, the State of Arizona

Address of Individual(s)/Organization(s) to Whom Access to Records May be Provided: Veterans Upward Bound, Arizona State University, PO Box 871912, Tempe, Arizona 85287-1912; US Department of Education, Office of Postsecondary Education, LBJ Building, 400 Maryland Avenue, S.W., Washington, DC 20202; and/or ASU TRIO Programs, Arizona State University, 522 N Central Avenue, Phoenix, AZ 85004

**PROXY: TO REQUEST PROCESSING OF TRANSACTIONS**

Students unable to process transactions at the school (or agency associated with the student's education) may designate another person(s)/organization(s) to process transactions on their behalf by proxy. In compliance with the federal Family Educational Rights and Privacy Act of 1974, also known as FERPA or the Buckley Amendment (information available at <http://www.ed.gov/policy/gen/guid/fpco/index.html>), the student must sign a release authorizing processing of transactions by proxy.

**The student (not the proxy) has the ultimate responsibility for complying with applicable requirements, policies, and deadlines, and for the timely payment of tuition and fees.**

I hereby authorize the person(s)/organization(s) named below to serve as my proxy to process transactions at my school (or with the agency associated with my education). My proxy may have access to any and all of my records that they request for the purpose of processing transactions. I understand that I am responsible for any decisions made by my proxy on my behalf. I also understand that I remain responsible for complying with all applicable requirements, policies, deadlines, and for the timely payment of tuition and fees, etc.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Proxy: ASU TRIO Veterans Upward Bound – Director, Coordinators, Instructional Specialist Sr., Administrative Assistant

**PRIVACY ACT:** IN ACCORDANCE WITH THE PRIVACY ACT OF 1974 (PUBLIC LAW NO. 93-579, 5 U.S.C. 552A), YOU ARE HEREBY NOTIFIED THAT THE US DEPARTMENT OF EDUCATION IS AUTHORIZED TO COLLECT INFORMATION TO IMPLEMENT THE UPWARD BOUND PROGRAM UNDER TITLE IV OF THE HIGHER EDUCATION ACT OF 1965, AS AMENDED (PUB. LAW 102-325, SEC. 402C). IN ACCORDANCE WITH THIS AUTHORITY, THE DEPARTMENT RECEIVES AND MAINTAINS PERSONAL INFORMATION ON PARTICIPANTS IN THE UPWARD BOUND PROGRAM. THE PRINCIPLE PURPOSE FOR COLLECTING THIS INFORMATION IS TO ADMINISTER THE PROGRAM, INCLUDING TRACKING AND EVALUATING PARTICIPANTS' ACADEMIC PROGRESS. THE INFORMATION THAT IS COLLECTED WILL BE RETAINED IN THE PROGRAM FILES AND MAY BE RELEASED TO OTHER DEPARTMENT OFFICIALS IN THE PERFORMANCE OF OFFICIAL DUTIES.

## RELEASE, INDEMNITY AND ASSUMPTION OF RISK FORM

- Activities:
- Academic Sessions (e.g., refresher courses, online classes, tutoring, workshops, etc.) throughout the Phoenix Metropolitan Valley which may include Arizona State University Downtown Phoenix, Polytechnic, Tempe and West Campuses
  - Special Activities/Events for intellectual, social and cultural development purposes (e.g., leadership conferences, career workshops, community service projects, theatrical shows, sporting events, etc.) throughout the Phoenix Metropolitan Valley which may include Arizona State University Downtown Phoenix, Polytechnic, Tempe and West Campuses
  - College Visits throughout the state of Arizona including Maricopa County

**Name of Participant:** \_\_\_\_\_

I am signing this Release so that I can participate in the Activities described above. This Release, Indemnity and Assumption of Risk Statement covers all events and occurrences associated with the Activities, including any associated travel, meals and lodging. I understand that if I have any concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate.

I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to me or damage to my personal property while I am participating in or observing the Activities or while I am traveling to or from the Activities. I agree to indemnify ASU and not to sue ASU for any harm or damage associated with my participation, observation, or travel if the harm or damage is not due to the negligence or fault of ASU.

**If I require emergency medical treatment, please contact:**

*In Case of Emergency Person #1*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*In Case of Emergency Person #2*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**If my Emergency Contacts I have listed are not available, please contact:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

In this Agreement, "ASU" means Arizona State University, the Arizona Board of Regents, the State of Arizona and their employees and agents.

**Participant Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

# Participant Medical Information

Printed Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_  
(include area code) (include area code)

Home Address: \_\_\_\_\_  
(include City, State & Zip Code)

Emergency Contact's Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_  
(include area code) (include area code)

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Do you have medical insurance?     No     Yes    *If so, please complete the next line & include a copy of your insurance card.*

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list any medications currently taking:

Please list any allergies:

Please list past serious injuries or surgeries:

Please list current illnesses:

Please list any accommodations needed:

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

# General Program Policies

The following policies are in addition to any specific policies that apply to each ASU TRIO Veterans Upward Bound (UB) class/activity/event.

## ATTENDANCE

- Prompt and regular attendance at all scheduled sessions/activities is required. An absence is considered when a student is
  1. absent the entire day & does not attend any sessions,
  2. is running late and will miss the beginning of sessions (i.e., tardy), and/or
  3. is needing to leave early and misses the end of sessions (i.e., early dismissal).
- In the event of an absence/tardy/early dismissal you will be responsible to report it **by the day of your absence** (unless it's an emergency which you are to then report as soon as possible). To report call phone number (480) 965-3944 or send an e-mail message to [triovub@asu.edu](mailto:triovub@asu.edu). Please leave your first and last name, class(es) you are missing, date(s) of absence, and reason for your absence. If using the phone system please speak slowly and clearly.
- If you know in advance that you will be absent, you will be expected to inform each of your instructional staff members and obtain any homework assignments that will be provided on the date of your absence. Moreover, you will still be required to report your absence as described above.
- **You are responsible to each instructional staff member for all information/assignments missed.** Regarding submission of assignments before or after the due date, follow each teacher's policy.
- **Normal allowable absence is limited to 10% of course instruction. Within a regular 8-week class cycle, 10% is approximately 2 days. Therefore after three absences, you may be required to meet with a Program Coordinator to discuss your situation. If you have additional unexcused absence(s), your status with the program becomes "conditional". If your attendance does not improve the Program Coordinators will notify the Director and your continuation in the program could be in jeopardy.**

## BEHAVIOR

- A positive attitude and effort are expected throughout your participation in VUB.
- Courtesy and respect for all personnel, peers, and guests is expected at all times. Any type of abuse including bullying toward program personnel or peers is NOT tolerated. Violation may result in program dismissal.
- All students are expected to exhibit quality standards of conduct at all times. As a VUB student you are an official ASU affiliated community member hence are expected to adhere to the Arizona Board of Regent's (ABOR) Student Code of Conduct. For details visit <https://eoss.asu.edu/dos/srr/codeofconduct>.

## CLASSROOM/ACTIVITIES

- Use of ASU facilities (i.e., any area within the physical location of Arizona State University open to ASU community members) are accessible to you while you are an active VUB student. You are only to visit an ASU campus/location for academic and personal development purposes. Please note that some areas require a paid membership and other areas require a meeting appointment. No loitering is allowed.
- Food and drink are NOT allowed (except for documented medical reasons) in classrooms. During excessive heatwaves (weather temperature), water will be allowed in classrooms.
- Electronic gadgets (including audio equipment AND cell phones) are not to be utilized during VUB activities unless given permission by supervising staff.
- Instant messaging, social media (e.g., Snapchat, Facebook, Twitter, Instagram, etc.), texting, chatting, etc. will not be allowed during VUB activities unless given permission by supervising staff.
- Smoking is prohibited at all ASU campuses/locations. For official policy visit <https://eoss.asu.edu/tobaccofree>.

## MATERIALS

- You are responsible for having all schedules, policies, etc. that are provided to you on hand to all sessions.
- Come to each session/activity prepared with paper, pencil, pen and any other materials as required.
- When you complete (or leave) VUB, you are responsible to return all textbooks loaned to you by the program in the same condition you received them. If a textbook is not returned, you will be financially responsible to VUB; if payment is not received in a reasonable time (approximately 30 days after VUB participation) notification will be made to ASU Student Account & Cashiering Services for collection purposes.

*My signature below indicates that I understand the policies stated above and agree to adhere to each of these policies. Moreover, I understand that if my behavior does not meet the guidelines outlined above that follow-up by a VUB staff member will take place to determine if any changes to my VUB participant status will be made including continuation with the program. If I'm receiving any VA educational/training benefits, I also understand that any benefits awarded to me may be rescinded.*

Participant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## ASU TRIO Upward Bound (UB) Policies for use of the Sun Card and Print Anywhere Funds

### What is a Sun Card?

The Sun Card is the official photo ID card of Arizona State University (approved by the state of Arizona and the Arizona Board of Regents). All in-person transactions require a photo ID. The Sun Card is the multi-service video-image identification card for ASU students, faculty, and staff as well as UB Participants. Some Sun Card services include identification for library circulation and computer lab access.

### What is Print Anywhere?

The Print Anywhere program is managed by the ASU Canon Strategic Alliance Partnership and is a network of public copy machines (printers) that provide document services at Arizona State University. Students may utilize on-campus printing services at any time. ASU computers will automatically associate print jobs with the students' ASURITE that was used to log in and then students present their card to print from print stations in selected ASU libraries and computer labs. Print charges are placed on the students' myASU account; students must make payment(s) if a printing balance is due.

### Important Rules & Responsibilities (<https://cfo.asu.edu/cardservices-suncard>)

1. Lost, Stolen or misplaced cards must be reported immediately to the 24 hour hot-line at 965-CARD. If you don't have your card, someone else might
2. The student may be responsible for \$50 or more resulting from unauthorized use of the card. Unauthorized use is defined as: having someone else use your card, using it at vendors that are not approved by VUB and any other events deemed as inappropriate by VUB.
3. Print Anywhere charges are non-transferable. Only the person pictured on the Sun Card as well as affiliated with the ASURITE userid will be allowed to place printing/copying charges to his/her account. The cardholder may be required to sign a receipt for goods received.
4. Cash cannot be withdrawn from any accounts.
5. The cardholder is responsible for maintaining a valid Sun Card which is in proper working condition. The Sun Card is the access device for the Print Anywhere account. The card must be presented at the time of purchase and shall be the only means of accessing the participants account. The Sun Card is available from the Sun Card Office in the Memorial Union. A lost Sun Card will cost the student \$25 to replace (VUB will not pay for replacing lost cards).

### Use of your Sun Card and Print Anywhere

- The Sun Card is to be used as identification for use of ASU services only. A VUB participant is not to use this card as proof of age or imply to be a college student.
- Students can only use Print Anywhere services for printing and copying.
- Students are responsible for keeping track of their Print Anywhere use and is to report such usage to VUB when asked by a staff member. Furthermore, students are to contact VUB immediately if they cannot account for balances.

**NOTE:** the participant's Sun Card is property of ASU TRIO Veterans Upward Bound (VUB).

*I, the student, understand and agree to follow the Sun Card and Print Anywhere policies as established by ASU TRIO Veterans Upward Bound. By doing so, I will be able to retain my Sun Card (provided by VUB) during my active participation in the program. If for any reason I leave the program, I will be responsible for returning the Sun Card immediately to ASU TRIO Veterans Upward Bound as well as repay any unauthorized purchases. If the Sun Card is not returned within 30 days from the last date of participating in VUB, I understand that the program will send a notification to ASU Student Account & Cashiering Services for collection purposes.*

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Media Consent Form

I, the undersigned, authorizes the Veterans Upward Bound project (“VUB”), a Federal TRIO Program hosted by Arizona State University, to film, videotape, photograph or otherwise record student participation in program activities and to reproduce and use such recordings. I hereby grant permission to VUB to use my name, likeness, voice and/or biographical information with any media format which includes, but is not limited to: non-commercial promotional activities, newspapers, magazines, television, radio, film, and/or on the internet. Also, my consent is freely given as a public service to VUB without expecting payment.

The undersigned hereby transfers and grants to VUB the exclusive right to use and to authorize others, including but not limited to the United States Department of Education, Arizona State University, Council for Opportunity in Education, Western Association of Educational Opportunity Personnel, to use all or any part of my (his/her) interview/photograph/video or film likeness, regardless of the medium by which it is recorded.

The undersigned also hereby transfers and grants to VUB the exclusive right to use and authorize others to use all or any part of my (his/her) interview/photograph/video in related media such as books, magazines, journals, pamphlets, electronic (Internet including social media) and other written and video formats. The undersigned also hereby releases VUB and its employees, its members and agents, as well as Arizona State University and its agents, from any and all claims, demands, causes of action and suits, including but not limited to, claims for invasion of privacy, defamation, breach of contract or other breach of duty arising out of or in connection with the use of this interview, photograph or video.

Purposes to Which You Agree (but not limited to):

(1) Educational Purposes, (2) Promotional Purposes, (3) News Media and (4) Internet

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Please note that VUB does not share your contact information with outside parties.**

*Contact the VUB staff immediately if you do NOT grant VUB the right to use your likeness. Also, note that VUB asks that you avoid being photographed (recorded) in group settings during VUB events as a condition of your denying permission to use your likeness.*