

# ASU TRIO Veterans Upward Bound (VUB)

# APPLICATION FOR SERVICES

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 Graduate <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 Graduate 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"/> High School - Dropped Out <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		
<i>Completion of the following is required for reporting and verification purposes. Responses are kept confidential!</i>		
<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	
<b>Complete this item only if you filed a tax return last year</b>  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 <b>taxable</b> income for last year was equal or less than... <input type="checkbox"/> \$19,140 <input type="checkbox"/> \$46,020 <input type="checkbox"/> \$25,860 <input type="checkbox"/> \$52,740 <input type="checkbox"/> \$32,580 <input type="checkbox"/> \$59,460 <input type="checkbox"/> \$39,300 <input type="checkbox"/> \$66,180	<div style="font-size: 2em; font-weight: bold; margin: 0;">OR</div> <b>Complete this item only if you did <u>NOT</u> file a tax return last year</b>  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 _____.  <input type="checkbox"/> Check box if current income is \$0.00 due to unemployment.

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