



# VETERANS UPWARD BOUND PROGRAM

## Application for Services



Personal Information					
Name	Last	First	Middle Initial	Social Security #	Date of Application
Address				Date of Birth	
City, State, Zip			County <input type="checkbox"/> Chatham <input type="checkbox"/> Harnett <input type="checkbox"/> Johnston <input type="checkbox"/> Lee <input type="checkbox"/> Wake		
Email Address			Day Phone	Cell Phone	Evening Phone
Emergency Contact	Name		Phone		Relationship
Participant Demographics					
<b>Employment</b>		<b>Disability</b>		<b>Gender</b>	<b>Ethnicity</b>
<input type="checkbox"/> unemployed <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> retired		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Race (Check all that apply)</b>					
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American <input type="checkbox"/> White		<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
Education					
<b>High School</b>					
Have you completed High School? <input type="checkbox"/> H.S. Graduate <input type="checkbox"/> G.E.D. Graduate <input type="checkbox"/> Not completed					
Date of last enrollment _____					
Did you take the SAT and/or ACT? <input type="checkbox"/> SAT Score: _____ <input type="checkbox"/> ACT Score: _____ <input type="checkbox"/> N/A					
<b>College</b>					
Have you completed a college degree? <input type="checkbox"/> A.A./A.S. <input type="checkbox"/> B.A./B.S. <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Not completed					
College, Degree Type, Program/Major _____ <input type="checkbox"/> N/A					
Date of last enrollment _____ <input type="checkbox"/> N/A					
<b>Do you have a defaulted student loan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure					
<b>What are your future education and career goals?</b>					
Military Service					
<b>Service (Check all that apply)</b>					
<input type="checkbox"/> I served on active duty as a member of the Armed Forces of the United States for a period of more than 180 days.					
<input type="checkbox"/> 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.					
<input type="checkbox"/> 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.					
<input type="checkbox"/> 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.					
<b>Branch</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					

**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?**

- Referral from community agency
- Referral from veterans' agency (VA, Vet Center)
- Advertisement
- Our website
- Referral from a school or educational institution
- Word of mouth/walk-in
- Referral from another TRIO project
- Referral from non-TRIO program
- 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: \_\_\_\_\_

**For Staff Use**

**Received by:**  KK    WL    AM   **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:** \_\_\_\_\_