Veterans Upward Bound

Fax to 276-964-7514

Name: _____   ____   _____   **SSN:** _____
First   MI   Last

Address: _____   _____   _____   _____   _____
Street/P. O. Box   City   State   Zip Code   County of Residence

Home Phone: _____   **Work Phone:** _____   **Cell Phone:** _____

E-Mail: _____   **Date of Birth:** _____   **Gender:**   Male   Female

Ethnic Background:
African American
American Indian/Alaskan Native
Asian
Hispanic
Native Hawaiian or Other Pacific Islander
White
Other (Please specify)_____

Are you a U. S. Citizen?
Yes   No

Permanent Resident Alien?
Yes   No
If Yes, INS Number_____

Employment Status:
Unemployed   Employed full time   Unknown
Employed part time   Retired

Please answer the following questions:
1. Did you serve at least 181 consecutive days of active duty since January 31, 1955?   Yes   No
2. If no, did you receive a medical discharge?   Yes   No
3. What type of discharge did you receive? _____
4. What branch of service did you serve? _____
5. Did either of your parents receive a bachelor's degree?   Yes   No
6. What is your taxable income from your most recent tax return? _____
7. What is the total number of household members? _____
8. Do you have a documented disability?   Yes   No

Educational Status:
High school dropout
High school graduate
GED/high school equivalency
High school graduate with some college
GED/high school equivalency with some college
College graduate/Bachelor's degree or higher

How did you learn about VUB?
Referral from community agency: _____
Advertisement
Website
College Counselor
Word of mouth/Walk-in/Call-in
Referral from another TRIO program
Other

Are you enrolled in college at this time?
Yes   No
If yes, are you: ___Enrolled for first time
                 ___Continuing from last semester
                 ___Returning after stop out
College Attending: _____

I am interested in the following services:
Free college preparation courses
Assistance with college selection and applications
Assistance with financial aid
Academic success workshops
Academic/Career counseling
Job Search Clinics

By signing below, I authorize the Veterans Upward Program to obtain information to verify my eligibility for services. Such information might include copies of Federal Income Tax Returns, FAFSA Applications, other documentation for income eligibility, DD-214 or other military service eligibility, transcripts of academic or military training programs, and college transcripts of current and past academic performance. **I understand that all information provided is CONFIDENTIAL and will not be disseminated without my express permission. The information included above is true and accurate to the best of my ability.**

_____   _____
Signature   Date