**VETERANS UPWARD BOUND PROGRAM**

**Application for Services**

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| **Personal Information** | | | | | | | |
| **Last Name First Name Middle Initial** | | | | **Social Security #** | | **Date of Application** | |
| **Street Address** | | | | | | **Date of Birth** | |
| **City, State, Zip** | | | | | | | |
| **County of Residence**  Wicomico  Worcester  Somerset  Dorchester  Sussex (DE)  Accomack (VA)   Other (please write name of county): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Email Address** | | | | | **Cell Phone** | | **Other Phone** |
| **Emergency Contact** Name Phone Relationship | | | | | | | |
| **Participant Demographics** | | | | | | | |
| Gender  Male  Female | | | | | | | |
| Employment These are all check boxes Unemployed Check box Employed Full-time Check box  Employed Part-time Check box Retired | | | | | | | |
| **Race/Ethnicity (Check all that apply)**   American Indian/Alaskan Native  Black or African American  Native Hawaiian/ Pacific Islander   Asian  Hispanic/Latino  White/Caucasian  Other  | | | | | | | |
| **Education** | | | | | | | |
| **High School**  Have you completed high school?  H.S. Graduate  G.E.D. Graduate  Not completed  Date of last high school enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **What are your future education and career goals?** | | | | | | | |
| **Military Service** | | | | | | | |
| **Service (Check all that apply)**  I served on active duty as a member of the Armed Forces of the United States for a period of more than 180 days.  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.  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 and served on active duty in support of a contingency operation on or after September 11, 2001. | | | | | | | |
| **Branch**   Air Force  Marine Corps  Coast Guard  Army  Navy  Reserve/National Guard | | | | | | | |
| **Discharge**   Honorable  General  Bad Conduct  Dishonorable  Other than Honorable  Other \_\_\_\_\_\_\_\_\_\_\_  Date of most recent discharge \_\_\_\_\_\_\_\_\_\_\_\_ *(Participants must have received other than a dishonorable discharge)* | | | | | | | |
| **VA Education Benefits**  Are you eligible for G.I. Bill® education benefits?  Yes  No  Not sure  Do you have a VA rated medical disability related to your military service? Yes  No Pending | | | | | | | |
| **First Generation Status** | | | | | | | |
| Did either parent or guardian with whom you resided have a bachelor’s degree prior to you turning 18?  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 that year was $ \_\_\_\_\_\_\_\_\_\_\_\_\_. (Form 1040 line 43 or Form 1040A line 27). Please note that taxable income is different from gross or net income. | | | **Complete this item if you were NOT required to file a tax 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 that 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?** | | | | | | | |
| 1. Wor-Wic College website 2. Word of mouth/walk-in 3. Referral by community agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Referral by veterans’ agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1. Referral by VFW/American Legion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Referral by educational institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Advertisement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**Participation Agreement:** My signature below indicates my agreement to participate fully in the academic and supportive services offered by the Veterans Upward Bound (VUB) Program. I will communicate and coordinate with my VUB Advisor, as this will allow me to reach my academic and career goals. I understand that photos of me may be used and/or published for VUB purposes and I give my permission for program administrators to do so. I hereby certify that the information provided in this application is accurate and complete to the best of my knowledge.

Applicant Signature: Date:

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| **For Staff Use** |
| **Received by**: Check box VUB Associate Check box VUB Advisor Check box VUB Coordinator Check box Director of Veterans Services  **Eligibility:** Check box Not Eligible Check box Eligible Check box First Generation Check box Low Income Check box Disability Check box At Risk  **Status**: Check box Accepted Check box Waitlisted **Director’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_  **Entered in Blumen:** Initials: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_  **Entered on Tracking Sheet:** Initials: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ |

This document is available in alternative formats to individuals with disabilities by contacting disability services at disabilityservices@worwic.edu, 410-334-2899 or TTY 410-767-6960. Wor-Wic Community College is an equal opportunity educator and employer. Visit www.worwic.edu/Services-Support/Disability-Services to learn more.

**Privacy Act Statement**

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U. S.C. [552A](x-apple-data-detectors://9)), you are hereby notified that the Department of Education is authorized to collect information, including Social Security numbers (SSNs), to implement the Upward Bound program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, sec. [402A](x-apple-data-detectors://10) and 402C). In accordance with this authority, the Department receives and maintains personal information on participants in the Upward Bound program. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participants’ academic progress. Your SSN is collected only to serve as the unique identifier for matching participant records across years. Providing the information on this form, including a 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. The information will not be disclosed outside of the Department, except as allowed by the Privacy Act of 1974, pursuant to the routine uses identified in the System of Records Notice titled “TRIO Programs Annual Performance Report (APR) System (TRIO APR).”

**Acknowledgment of Understanding**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_