Wichita State University
TRIO Programs
Veterans Upward Bound

Veterans Upward Bound Program Application

(Please print legibly.)

This application along with a copy of your Federal Income tax form, or a statement from Social Security or AFDC/ADC agency indication your income for the year, and a copy of your DD-214 **must** be submitted in order that you might be considered as a prospective student for the Veterans Upward Bound Program.

NAME: _____ **SSN:** ___–___–___ **DOB:** _____
(LAST) (FIRST) (MI)

ADDRESS: _____ **CITY:** _____ **STATE:** ____ **ZIP:** _____

HOME/CELL #: _____ **WORK #:** _____ **EMAIL:** _____

PERSONAL INFORMATION

GENDER (CIRCLE ONE):
MALE FEMALE NOT LISTED

ETHNICITY (MARK ALL THAT APPLY):
- ☐ AMERICAN INDIAN OR ALASKA NATIVE
  TRIBE: _____
- ☐ ASIAN
- ☐ BLACK OR AFRICAN AMERICAN
- ☐ HISPANIC OR LATINO
- ☐ CAUCASIAN/WHITE, NON-LATINO
- ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER
- ☐ MULTI-RACIAL

CITIZENSHIP:
- ☐ U.S. CITIZEN
- ☐ PERMANENT RESIDENT ALIEN (PLEASE INCLUDE NUMBER BELOW)

_____

CURRENT EMPLOYMENT STATUS:
- ☐ EMPLOYED FULL TIME
- ☐ EMPLOYED PART TIME
- ☐ UNEMPLOYED
- ☐ RETIRED

EMPLOYER: _____

WHAT IS YOUR previous year's TAXABLE INCOME? (NOT ADJUSTED GROSS INCOME; ESTIMATE IF NECESSARY)
$_____

FAMILY SIZE (#): _____

ACADEMIC HISTORY

HAVE YOU BEEN OUT OF SCHOOL FOR 5+ YEARS? (CIRCLE ONE): YES NO

HIGH SCHOOL DIPLOMA? (CIRCLE ONE)
YES NO

GED? (CIRCLE ONE)
YES NO

SCHOOL: _____
CITY, STATE: _____
YEAR COMPLETED: _____

HAVE YOU COMPLETED A COLLEGE ENTRANCE EXAM? (CIRCLE ONE):
YES NO

EXAM TAKEN (I.E.-ACT, SAT, COMPASS): _____

DO YOU HAVE A COLLEGE DEGREE? (CIRCLE ONE): YES NO

HAVE YOU EARNED ANY COLLEGE CREDITS? IF SO, PLEASE INDICATE HOW MANY: _____

NAME OF INSTITUTION:
_____

YEAR: _____

ARE YOU CURRENTLY IN COLLEGE?
YES NO

HAS EITHER PARENT EARNED A 4 YEAR DEGREE FROM A COLLEGE/UNIVERSITY?
YES NO | MOTHER FATHER

MILITARY & DISABILITY INFORMATION

BRANCH OF SERVICE (MARK ALL THAT APPLY):
- ☐ AIR FORCE
- ☐ ARMY
- ☐ MARINES
- ☐ NAVY
- ☐ COAST GUARD
- ☐ NATIONAL GUARD
- ☐ RESERVES

DID YOU SERVE AT LEAST 181 DAYS OF ACTIVE DUTY? (CIRCLE ONE)
YES NO

DATE OF DISCHARGE: _____

NATURE OF DISCHARGE:
- ☐ HONORABLE DISCHARGE
- ☐ GENERAL DISCHARGE UNDER HONORABLE CONDITIONS
- ☐ DISHONORABLE DISCHARGE
- ☐ ENTRY-LEVEL SEPARATION
- ☐ OTHER: _____

WHAT IS YOUR DISABILITY STATUS?
DISABLED? (CIRCLE ONE): YES NO
PERCENT OF DISABILITY: _____%

IS YOUR DISABILITY MILITARY-RELATED? YES NO

PREFERRED METHOD OF COMMUNICATION (MARK ALL THAT APPLY):
- ☐ PHONE CALL
- ☐ EMAIL
- ☐ TEXT MESSAGE
- ☐ SOCIAL MEDIA (I.E.-FACEBOOK MESSENGER, TWITTER DM)

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Program Application
CONTINUED...

SECONDARY/EMERGENCY CONTACT INFORMATION

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ **CITY:** _____ **STATE, ZIP:** _____

PHONE #: _____

HOW DID YOU HEAR ABOUT US?

- ☐ WORKFORCE
- ☐ VOCATIONAL REHAB
- ☐ AMERICAN LEGION
- ☐ MILITARY FAMILY ASSISTANCE CENTER
- ☐ WORD OF MOUTH
- ☐ WEBSITE
- ☐ VFW
- ☐ TAP BRIEFING
- ☐ VA/VET CENTER
- ☐ OTHER

HOW WOULD YOU DESCRIBE YOUR PROFICIENCY IN MATH?

- ☐ I AM PROFICIENT IN MATH.
- ☐ I AM NOT PROFICIENT IN MATH.

ACADEMIC GOALS

EDUCATIONAL GOALS:

- ☐ COLLEGE DEGREE (EITHER 2 YEAR OR 4 YEAR)
- ☐ VOCATIONAL OR TECHNICAL CERTIFICATE
- ☐ GED
- ☐ UNDECIDED

WHICH SCHOOL DO YOU PLAN TO ATTEND?

_____

DESIRED COURSES (WHILE IN PROGRAM):

- ☐ MATH
- ☐ ENGLISH
- ☐ COMPUTER LITERACY
- ☐ FINANCIAL LITERACY
- ☐ OTHER:

I CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE VUB PERMISSION TO OBTAIN AND REVIEW ANY ACADEMIC AND FINANCIAL DOCUMENTS NEEDED TO COMPLETE THE APPLICATION PROCESS.

SIGNATURE: _____ **DATE:** _____

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Pursuant to my signature below, I hereby (a) authorize the Program Parties to inspect and copy any academic, attendance, disciplinary and/or financial aid information relating to the student (the "Information") that is in the possession of any academic or financial institution, and (b) permit any academic or financial institution to disclose to the Program Parties any Information in the possession of such academic or financial institution.

PHOTO RELEASE

I hereby authorize the Program Parties to use the student's photograph in conjunction with such student's given name (or fictitious name) for reproduction in any medium that the Program Parties see fit for purpose of advertising, display, exhibition or editorial use.

MISCELLANEOUS

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING. I HAVE HAD AN OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THE SERVICES AND RELEASES DESCRIBED HEREIN AND THE MEANING OF THE RELEASES, WAIVERS AND INDEMNIFICATIONS PROVIDED HEREIN. ALL OF SUCH QUESTIONS HAVE BEEN ANSWERED. I agree to all of the foregoing with the intent to be legally bound on behalf of myself and to the extent that I am able to do so, any heirs, executors, administrators and assigns. It is intended that if any portion hereof is held invalid, the remainder shall remain in full force and effect.

Any information obtained from this form or the permitted releases will remain solely with Veterans Upward Bound-WSU and will NOT be transferred to any other individual or agency other than faculty associated with the student's school without consent from the person whose signature appears below.

RELEASE AUTHORIZATION

SCHOOL RECORDS RELEASE (CIRCLE ONE): YES NO **PHOTO RELEASE: YES NO**

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

PROGRAM SPECIALIST (PRINT NAME): _____ SIGNATURE: _____ DATE: _____

TRACK: _____ SERVICES: