

**Trident Technical College
Veterans Upward Bound Program**

Application for Services

Personal Information				
Name Last	First	MI	Date of Application	Social Security #
Address			Date of Birth	Birthplace (City, State)
City, State, Zip		County	<input type="checkbox"/> Berkeley <input type="checkbox"/> Charleston <input type="checkbox"/> Dorchester	
Email Address		Day Phone	Cell Phone	Evening Phone
Emergency Contact	Name	Phone	Relationship	
Education				
High School:				
Have you completed High School? <input type="checkbox"/> H.S. Graduate <input type="checkbox"/> G.E.D. Graduate <input type="checkbox"/> Not completed				
College/Technical School:				
Enrolled in a college/vo-tech program? <input type="checkbox"/> Never enrolled <input type="checkbox"/> Enrolled in the past <input type="checkbox"/> Currently enrolled				
Name(s) of college(s)/vo-tech(s) attended:				Credit hours accumulated
What is your future education/career goal?				
Do you have a defaulted student loan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
After completing the Veterans Upward Bound Program, what are your education plans?				
What Veterans Upward Bound Services are you most interested in?				
Check all that apply				
<input type="checkbox"/> Assessment of academic skills	<input type="checkbox"/> Assessment of career interests	<input type="checkbox"/> Academic refresher courses		
<input type="checkbox"/> Development of an education or career plan	<input type="checkbox"/> Assistance with postsecondary school applications	<input type="checkbox"/> Math		
<input type="checkbox"/> GED completion	<input type="checkbox"/> Information about college degree plans and programs	<input type="checkbox"/> Science		
<input type="checkbox"/> Assistance with Financial aid and veterans' benefits applications	<input type="checkbox"/> Cultural and social opportunities	<input type="checkbox"/> Foreign Language		
<input type="checkbox"/> Referral to community/veterans' agencies and supportive services	<input type="checkbox"/> Study skills	<input type="checkbox"/> Composition		
	<input type="checkbox"/> College visits/tours	<input type="checkbox"/> Literature		
		<input type="checkbox"/> Reading		
		<input type="checkbox"/> Computer		
How Did You Hear About Veterans Upward Bound?				
<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 program			
<input type="checkbox"/> Our website	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Referral from a school or educational institution				
Completion of the following is required for reporting and verification purposes. Responses are kept confidential!				
Employment		Disability?	Gender	Ethnicity
<input type="checkbox"/> unemployed	<input type="checkbox"/> full-time	<input type="checkbox"/> Yes	<input type="checkbox"/> Male	Are you Hispanic/Latino?
<input type="checkbox"/> part-time	<input type="checkbox"/> retired	<input type="checkbox"/> No	<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race: Check all that apply				
<input type="checkbox"/> American Indian/Alaskan Native Islander	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific		
<input type="checkbox"/> Asian	<input type="checkbox"/> White			

(FLIP OVER)

