

Trident Technical College Veterans Upward Bound Program

Application for Services

For Staff Use: Eligibility LIFG LI FG Academic Documents: Taxes DNF Taxes DD214 Accuplacer
Services: Skills Tutor Classroom Both ST & classroom Admissions/FA/Advising Potential Served
 Expected Start: _____ Projected VUB Completion Year : _____ **CID:** _____

Personal Information

Name Last	First	Middle	Social Security #	Date of Application
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? HS Graduation year _____ GED Graduation year _____ Not completed

College/Technical School: College Graduate Degree _____
 Enrolled in a college/Voc-tech program? Never enrolled Enrolled in the past - Year _____ Currently enrolled
 What college(s) did you attend? _____

Do you have a defaulted student loan? Yes No Unsure

What is your future education/career goal?

After completing the Veterans Upward Bound Program, what are your education plans?

Military Service

Service <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 Date of most recent discharge: _____	Are you eligible for G.I. Bill education benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure Do you have a disability related to your military service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> General <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Other _____	Select one: <input type="checkbox"/> I served at least 181 days of active duty service <input type="checkbox"/> I did not serve 181 days of active duty service, but was discharged with a service-connected disability <input type="checkbox"/> Other: _____

**Completion of the following is required for reporting and verification purposes.
Responses are kept confidential!**

Employment <input type="checkbox"/> unemployed <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> retired	ADA Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Race: Check all that apply

American Indian/Alaskan Native Black or African American Native Hawaiian or other Pacific Islander
 Asian White

(FLIP OVER)

First Generation Status

Has either parent graduated from a college or university with a 4-year (baccalaureate) degree?

Mother: Yes No

Father: 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 yourself) is _____.

My total *taxable* income for last year was.....

- \$0 - \$18,090 (1) \$43,171- \$49,440 (6)
- \$18,091 - \$24,360 (2) \$49,441 - \$55,710 (7)
- \$24,361 - \$30,630 (3) \$55,711 - \$61,980 (8)
- \$30,631 - \$36,900 (4) over \$61,981
- \$36,901 - \$43,170(5)

Complete this item if you DID NOT file a tax return last year

I did not file a tax return last year. My total non-taxable income for last year (from all sources) was _____ and the number of individuals

currently living in my household and/or claimed as dependents (including yourself) is _____.

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.

What Veterans Upward Bound Services are you most interested in?

Check all that apply

- Assessment of academic skills
- Development of an education or career plan
- GED completion
- Assistance with Financial aid and veterans' benefits applications
- Referral to community/veterans' agencies and supportive services
- Assessment of career interests
- Assistance with postsecondary school applications
- Information about college degree plans and programs
- Cultural and social opportunities
- Study skills
- College visits/tours
- Academic refresher courses
- Math
- Science
- Foreign Language
- Composition
- Literature
- Reading
- Computer

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 _____

Privacy Act

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552A), you are hereby notified that the Department of Education is authorized to collect information to implement the Upward Bound program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, sec. 402C). In accordance with this authority, the Department receives and maintains personal information on participants in the Upward Bound program. The principle purpose for collecting the information is to administer the program, including tracking and evaluating participants' academic progress. Providing the information on this form, including a social security number (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.