



# Northern Arizona TRIO Veterans Upward Bound 2018-2019 Application

Name: \_\_\_\_\_  
Last (5) First (6) Middle Initial (7) (Maiden)

SSN (4): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth(8): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (9):  Male  Female

Address: \_\_\_\_\_  
Street/Rural Route City State Zip County

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ May we text you?  Yes  No

**U.S. Citizen or Permanent U.S. Resident:**  Yes  No **Ethnicity:** Hispanic/Latino (10):  Yes  No

**Race** (Select **ALL** that apply):

- American Indian/Alaska Native (11)  Black or African American (13)  Native Hawaiian/Other Pacific Islander (15)
- Asian (12)  White (14)

**Taxable Income:** Did you file a tax return last calendar year? (select one)

**Yes.** Please enter **taxable income** for the year: \$\_\_\_\_\_.00  
(from Line 6 on 1040EZ, or line 27 on 1040A, or line 43 on 1040)

**No.** Please enter **untaxed income** for the year. \$\_\_\_\_\_.00

List Source(s) of Untaxed Income: \_\_\_\_\_

**How many people are in your household (self, spouse, and dependents)?** \_\_\_\_\_

**Did either of your parents/guardians who raised you graduate from a 4-year college before you turned 18?**  Yes  No

**How many years have you been out of school?** (17)  Less than 5 years  More than 5 years

**Do you have a physical or non-physical disability?** (19)  Yes  No

**What is your main reason for requesting VUB services?** (20)

- complete refresher courses (2)  obtain support (6)
- clarify career aspirations (3)  acquire employment skills (7)
- prepare for postsecondary enrollment/continuation (4)  develop awareness of student financial aid and/or military education benefits (8)
- develop confidence to transition into civilian life/postsecondary education (5)

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**For Office Use Only – Please Do Not Write in This Box**

<b>Participant Status:</b> <input type="checkbox"/> New Participant		<b>Fiscal Year:</b> (21) _____		<b>Student ID:</b> _____	
<input type="checkbox"/> Reentry		<b>Counselor:</b> _____			
<input type="checkbox"/> DD214	<b>Eligibility:</b> (16)	<b>HRAF Reason(s):</b>			
or	<input type="checkbox"/> LI/FG	<input type="checkbox"/> +5 years (17)	_____	_____	_____
HINQ	<input type="checkbox"/> LI	<input type="checkbox"/> test scores (18)	Manager's Approval		Approval Date
	<input type="checkbox"/> FG	<input type="checkbox"/> disability (19)	_____	_____	_____
			Data Entered by	Date Entered	

**How did you hear about the VUB TRIO Program?** (21) (Check one and circle/fill in the blank as necessary)

- Referred by Community Agency (US Vets, VRC, Catholic Charities) (1)
- Referred by Veterans Agency (VA, Vet Center, OEF/OIF/OND) (2)
- Advertisement Source: \_\_\_\_\_ (3)
- TRIO Veterans Upward Bound Website (4)
- Referred by Educational Institution: \_\_\_\_\_ (5)
- Word of Mouth/Walk-in (6)
- Referred by another TRIO Program (ETS, SSS, EOC, etc.) (7)
- Referred by non-TRIO Program (8)
- Other(10): \_\_\_\_\_

**What level of education have you completed?** (23)

- Some High School (did not graduate)
- High School Graduate
- GED/High School Equivalency
- High School Graduate w/ Some College
- GED or Equivalent w/ Some College

**What colleges have you previously attended, if any?**

Name of College	City/State
Name of College	City/State
Name of College	City/State

**Have you earned a certificate or degree?**  No  Yes If Yes, please check type of program completed:

- Certificate  Associates Degree  Bachelors Degree  Beyond Bachelors Degree

**Current Employment Status** (24):  Employed Full-Time  Employed Part-Time  Unemployed  Retired

**Do you now or have you received services from a federally funded college preparatory program?** (27)  No  Yes

If yes, which program?

- EOC (Education Opportunity Center)  VUB (Veterans Upward Bound)  Other: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street/Rural Route

\_\_\_\_\_  
City State ZIP

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**CERTIFICATION**

**This certification is required for participation in the Northern Arizona TRIO Veterans Upward Bound program (VUB). VUB will not release any confidential information without your written consent.**

- I understand that this application is incomplete without a copy of my DD-214 (Member-4) showing my length of military service and a discharge status that is not dishonorable. If participating in VUB as part of a program or orientation at a college, university, or if referred to VUB by a veterans organization, **I authorize that college, university, or veterans organization to release a copy of my DD-214 to VUB** in order to demonstrate my VUB eligibility and facilitate my participation.
- I authorize the exchange of information between VUB and my target postsecondary institution(s), as necessary, to assist me in achieving my educational goals. I also authorize the exchange of information between VUB and the Department of Education as required by federal TRIO grant rules to evaluate the VUB program’s progress.
- I understand that my name, image, intended school and major, and/or testimonial statements may be used on the VUB website, Facebook page, or other media efforts to promote the VUB program.
- I agree to abide by the Yavapai College Student Code of Conduct ([www.yc.edu/conduct](http://www.yc.edu/conduct)). I understand that there is a zero tolerance policy for alcohol, illegal drugs, weapons, or harassing, disrespectful, or threatening behavior; and that failure to comply could result in dismissal from the program.
- I certify that the information provided on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature Date