



**VETERANS UPWARD BOUND PROGRAM
APPLICATION**
(Please Print)



This application along with a copy of your **Federal income tax form**, or a statement from Social Security or AFDC/ADC agency indicating your income for the year, and a copy of your **DD214** must be submitted in order that you might be considered as a prospective student for the Veterans Upward Bound Program.

PERSONAL	NAME	First	MI	Last	
	SOCIAL SECURITY NUMBER			DATE OF BIRTH mm/dd/yyyy / /	
	ADDRESS	Street Address, Apt. No., P.O. Box			
		City	State	Zip Code	Parish
	PHONE NUMBERS	Home	Work	Other	
	CITIZENSHIP	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Other	SEX	<input type="checkbox"/> Female <input type="checkbox"/> Male
	RACE	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> More than 1 Race Reported			
	EMPLOYMENT	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Recently Discharge <input type="checkbox"/> Disabled, Unable to Work			
	CURRENT MEDICAL CONDITIONS			MEDICATIONS PRESENTLY BEING TAKEN	
	HANDICAPPED OR DISABLED	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state nature of condition		
CONTACT INFORMATION	Please list three other contacts in the event we are unable to reach you at the above address and/or telephone #				
	NAME	TELEPHONE NUMBER			

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EDUCATION	HIGH SCHOOL DIPLOMA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list year received and high school attended:		
			If no, do you have your GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list year received and where:	
			Highest Grade Completed: _____		
	COLLEGE	Do you have a 4 year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you taken a college entrance exam? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Have Attended Some College	College Attended:	
			Attending College Now	College Attending:	
	FIRST GENERATION CRITERIA	Does either parent and/or person that reared you have a 4-year college degree? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EDUCATIONAL GOAL	<input type="checkbox"/> College <input type="checkbox"/> Vo-Tech <input type="checkbox"/> GED <input type="checkbox"/> Undecided				
COURSES YOU WISH TO TAKE	<input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> English <input type="checkbox"/> Computer Literacy <input type="checkbox"/> Computer Internet <input type="checkbox"/> French <input type="checkbox"/> Spanish				
REASON FOR ENTERING VUB PROGRAM	<input type="checkbox"/> Preparation for a 4-year degree <input type="checkbox"/> Preparation for a 2-year degree <input type="checkbox"/> Preparation for GED <input type="checkbox"/> Assistance in College Entrance <input type="checkbox"/> Vocational/Technical Certification Program <input type="checkbox"/> Increase skills for employment <input type="checkbox"/> Personal Satisfaction <input type="checkbox"/> Other _____				
MILITARY	Branch of Service	<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Merchant Marines			
	Type of Discharge	<input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Dishonorable			
	Active Duty	Length of time on Active Duty: _____			

How did you learn about the program? _____

I declare that the above information is true. UL Lafayette's Veterans Upward Bound Program and the U.S. Department of Education have my permission to verify this information. I agree to furnish additional documentation as needed as a condition of my participation in VUB.

UL Lafayette is dedicated to learning, the advancement of knowledge, and the development of ethically sensitive and responsible persons. Upon enrolling in the VUB program, I hereby assume an obligation to obey all rules, academic or non-academic, and preserve faithfully all property provided for my education by the program.

A student penalized for violation of a rule or regulation has the right to an appeal. This appeal may be initiated through the Administrative Coordinator of the program.

By signing this form, I also agree that it is my responsibility to return all books and/or equipment loaned to me for my success in this program in a timely manner.

Signature _____ Date _____