

University of Louisiana at Lafayette
Student Support Services Veterans Program Application

All information you provide will be held in confidence. Please complete the entire application accurately.
 Specific information will be used to determine eligibility in specific programs.

1. NAME _____ (last) _____ (first) _____ (mi) CLID: _____
2. ADDRESS: _____ HOME PHONE: _____
 _____ CELL: _____
3. AGE: STATUS: _____ Single _____ Married GENDER: _____ Male _____ Female
4. RACE/ETHNICITY: American Indian or Alaskan Native Asian Black or African-American
 Hispanic or Latino White Native Hawaiian or Pacific Islander
5. DATE OF BIRTH: _____ Are you a participant of: Student Support Services SSS-STEM
 SSS-Teacher Prep SSS-Disabilities
6. U.S. CITIZEN? Yes No VETERAN? Yes No Copy of **DD214** (MEMBER 4) required
7. What is your college major? _____
8. I am filling out this application to obtain assistance in the following areas listed below (please check all that apply).



- | | |
|---|---|
| <input type="checkbox"/> Choosing a Major/Career Counseling | <input type="checkbox"/> Personal/Family Counseling |
| <input type="checkbox"/> Financial Aid: grants, loans, scholarships | <input type="checkbox"/> Improving Study Skills |
| <input type="checkbox"/> Tutoring/Study/Computer Lab | <input type="checkbox"/> University Policies and Procedures |
| <input type="checkbox"/> Academic Counseling | <input type="checkbox"/> Getting a Job: on-campus, summer, etc. |
| <input type="checkbox"/> Health Problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Readmission from Special assignment | |

FIRST GENERATION CRITERIA		Do either parent and/or person(s) that reared you have a 4-year college degree?											
			YES		NO								
MILITARY INFORMATION	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:											

- Military credits transferred: _____
10. High School Attended: _____ GPA: _____ Year Graduated: _____
11. While attending high school, I participated in: **TALENT SEARCH**: Yes No **UPWARD BOUND**: Yes No
12. First semester and year enrolled at UL: FALL SPRING SUMMER YEAR: _____
13. Current Enrollment: Full-time Part-time
14. (optional) Do you have a documented disability? Yes No
15. Classification: FRESHMAN SOPHOMORE JUNIOR SENIOR

How did you learn about the program? _____

I declare that the information reported on this application to the best of my knowledge and belief is true, correct and complete. The University of Louisiana at Lafayette and the U.S. Office of Education have my permission to verify the information reported. This includes a copy of my parents' or my Federal Income Tax Return or any other documentation for admission into this program. I also agree to furnish this documentation if requested.

Applicant's Signature (required): _____ Date: _____/_____/_____