



VETERANS UPWARD BOUND PROGRAM APPLICATION (Please Print)



This application along with a copy of your **Federal Income Tax Return**, 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		EMAIL ADDRESS		DATE OF BIRTH / /	
	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"/> Male	<input type="checkbox"/> Female
	RACE/ETHNICITY	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian		
		<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
	EMPLOYMENT	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed	
		<input type="checkbox"/> Recently Discharged	<input type="checkbox"/> Disabled, Unable to Work	<input type="checkbox"/> Retired		
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				
	INFORMATION REQUIRED FOR C.L.I.D.			CITY OF BIRTH		

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 Highest Grade Completed: _____	If you have your GED, list year received and where: _____
	COLLEGE	Do you have a 4 Year college degree? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you take a college entrance exam? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Attended Some College College Attended: _____	
			Attending College Now College Attending: _____	
	FIRST GENERATION CRITERIA	Do either parent and/or person(s) that reared you have a 4-year college degree? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EDUCATIONAL GOALS	<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(S) FOR ENTERING VUB PROGRAM	<input type="checkbox"/> Preparation for 4-year degree <input type="checkbox"/> Preparation for 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 : _____		
<p>How did you learn about the program? _____</p> <p>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.</p> <p>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 and non-academic, and preserve faithfully all property provided for my education by the program.</p> <p>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.</p> <p>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.</p> <p>Signature _____ Date _____</p>				