

Suffolk University Veterans Upward Bound Program Application Form

An electronic version of this form can be found at <http://www.suffolk.edu/vub>. Applicants are encouraged to apply online.

Personal Information					
Name	Last	First	MI	Date of Application	Date of Birth (DD/MM/YYYY)
Address			Cell Phone	Home Phone	
City		State	Zip		
Email Address					
Responses are required for grant reporting and are kept confidential in accordance with the Privacy Act of 1974.					
Do you identify as Hispanic/Latino?		Race (Select all that apply)			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other _____			
Gender					
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Military Service					
Branch			Length of 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			<input type="checkbox"/> Less than 31 days <input type="checkbox"/> 31 - 180 days <input type="checkbox"/> Over 180 days of active duty service		
Were you discharged with a service connected disability?			Were you dishonorably discharged?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you served on active duty after Sept 11, 2001?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Education/Employment					
Educational Status					
<input type="checkbox"/> Did not complete High School <input type="checkbox"/> H.S. grad with some college <input type="checkbox"/> High school Graduate <input type="checkbox"/> GED/H.S. equivalency with some college <input type="checkbox"/> GED/high school equivalency					
Last enrolled in High School or College (MM/YYYY)					
After completing the Veterans Upward Bound Program, what are your education plans?					
<input type="checkbox"/> College/University <input type="checkbox"/> GED only (no school after GED) <input type="checkbox"/> Community College <input type="checkbox"/> Employment only (no school after VUB) <input type="checkbox"/> Vocational/Technical School					

What Veterans Upward Bound Services are you most interested in?

Check all that apply

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

How Did You Hear About Veterans Upward Bound?

- | | |
|--|---|
| <input type="checkbox"/> Referral from community agency | <input type="checkbox"/> Word of mouth/walk-in |
| <input type="checkbox"/> Referral from veterans' agency (VA, Vet Center) | <input type="checkbox"/> Referral from another TRIO project |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Referral from non-TRIO program |
| <input type="checkbox"/> Our website | <input type="checkbox"/> Other |
| <input type="checkbox"/> Referral from a school or education institution | _____ |

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 Veterans 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 Veterans 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.

Completed applications may be faxed to: 617.994.6864; mailed to: Veterans Upward Bound, Suffolk University, 8 Ashburton Place, Boston MA 02108; or hand carried to: Veterans Upward Bound, Office of Academic Access and Opportunity, Suffolk University, 73 Tremont Street, 7th floor, Suite 7025, Boston MA 02108. This form may be downloaded from the Suffolk VUB website, located at <http://www.suffolk.edu/vub>. An electronic version of this form can be found there as well, and applicants are encouraged to apply online. Applicants should include a copy of their Report of Separation, form DD214, if possible. Questions? Email the program at vub@suffolk.edu or call at either 617.725.4102 or 1.888.Hero.2.School.