



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 indication 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.

Name: _____ SSN: _____ - _____ - _____ Birth Date: ____/____/____
(Last) (First) (MI)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Email: _____

Personal Information

Male Female

Ethnicity:

American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 Caucasian
 Native Hawaiian or Pacific Islander
 Other: _____

U.S. Citizen Yes No

Employment - Current Status:

Full Time
 Part Time
 Self Employed
 Unemployed
 Retired
 Recently Discharged
 Other

Academic Information

Highest grade completed _____

High School Diploma Yes No

If yes, list high school attended, location of school and graduation year:
 School: _____
 City, State: _____
 Year: _____

GED Yes No

If yes, list year received and where:

 City, State: _____
 Year: _____

Have you taken a college entrance exam? Yes No

Do you have a 4-year college degree? Yes No

Have you completed some college? Yes No

College previously attended:

How many hours completed _____

Currently attending college? Yes No

College attending:

 City: _____

Does either parent have a 4-year degree? Yes No

Additional Contacts

List two other contacts in the event we are unable to reach you above

Name: _____

Relationship: _____

Address: _____

City: _____

St: _____ Zip: _____

Phone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

City: _____

St: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact Person
other than any person named above

Name: _____

Relationship: _____

Phone: _____

Cell: _____

Contact Information

Veterans Upward Bound-WSU

**Address: 1845 Fairmount Street
 Campus Box 137
 Wichita, KS 67260-0137**

Phone: (316) 978-6742

Fax: (316) 978-3676

Email: veterans.upwardbound@wichita.edu

Website: www.wichita.edu/vub

I certify that all the information I have provided on this form is valid and correct to the best of my knowledge.

Signature _____ Date _____



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| Military Information | | |
|--|---|--|
| Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> National Guard <input type="checkbox"/> Army <input type="checkbox"/> Reserves <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Merchant Marines <input type="checkbox"/> Navy | Type of Discharge: <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than honorable <input type="checkbox"/> Dishonorable </div> | Length of time on Active Duty: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> |

| Academic Goals | | |
|--|--|--|
| Educational Goals: <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> College Degree <input type="checkbox"/> Vo-Tech <input type="checkbox"/> GED <input type="checkbox"/> Undecided </div> | 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 <input type="checkbox"/> Other _____ | Reason for Entering VUB Program: <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Preparation for a 4-year degree <input type="checkbox"/> Preparation for a 2-year degree <input type="checkbox"/> Assistance in college entrance <input type="checkbox"/> Preparation for GED <input type="checkbox"/> Vocational/Technical Certification <input type="checkbox"/> Increase employment skills <input type="checkbox"/> Personal satisfaction <input type="checkbox"/> Other _____ </div> |

Authorization for Release of School Records

Pursuant to my signature below, I hereby (a) authorize the Program Parties to inspect and copy any academic, attendance, disciplinary and/or financial aid information relating to the student (the "Information") that is in the possession of any academic or financial institution, and (b) permit any academic or financial institution to disclose to the Program Parties any Information in the possession of such academic or financial institution.

Photo Release

I hereby authorize the Program Parties to use the student's photograph in conjunction with such student's given name (or fictitious name) for reproduction in any medium that the Program Parties see fit for purpose of advertising, display, exhibition or editorial use.

Miscellaneous

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING. I HAVE HAD AN OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THE SERVICES AND RELEASES DESCRIBED HEREIN AND THE MEANING OF THE RELEASES, WAIVERS AND INDEMNIFICATIONS PROVIDED HEREIN. ALL OF SUCH QUESTIONS HAVE BEEN ANSWERED. I agree to all of the foregoing with the intent to be legally bound on behalf of myself and to the extent that I am able to do so, any heirs, executors, administrators and assigns. It is intended that if any portion hereof is held invalid, the remainder shall remain in full force and effect.

Any information obtained from this form or the permitted releases will remain solely with Veterans Upward Bound-WSU and will not be transferred to any other individual or agency other than faculty associated with the student's school without consent from the person whose signature appears below.

| Release Authorization | |
|---|--|
| School Records Release <input type="checkbox"/> Yes <input type="checkbox"/> No | Photo Release <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature _____ | Date: _____ |

| For Office Use ONLY | |
|----------------------------|----------------|
| Track _____ | Services _____ |