

# Application

## Student Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_

## Gender

Male  Female

## Ethnicity *Check all that apply*

Hispanic  
 American Indian  
 Asian  
 Black or African American  
 White  
 Native Hawaiian

## Military Information *Complete all that apply.*

**Active Duty Service:**  NG  USA  USCG  USN  USAF  USMC  
Enlist Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Type of Discharge:  Hon  Med  Gen  OTH  Dishon  
Enlist Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Type of Discharge:  Hon  Med  Gen  OTH  Dishon  
**Guard/Reserve Service:**  NG  USAR  USNR  USAFR  USMCR  
Enlist Date: \_\_\_\_\_  Still Active  Discharged Discharge Date (*if applicable*): \_\_\_\_\_  
Enlist Date: \_\_\_\_\_  Still Active  Discharged Discharge Date (*if applicable*): \_\_\_\_\_  
Have you been deployed?  Yes  No How long were you deployed? \_\_\_\_\_ Months

## Program Eligibility

Did either of your parents receive a 4-year degree before you turned 18 years old?  Yes  No  
Marital Status:  Married  Single  Divorced  Separated  
Dependents:  Spouse  Children: \_\_\_\_\_ Number of children  
Taxable income: \$ \_\_\_\_\_  I did not file taxes last year.  I was deployed last year.  
Educational Status:  High School Dropout  High School Graduate with some college  
 High School Graduate  GED/High School Equivalency with some college  
 GED/High School Equivalency Graduate  Obtained BA Degree or Higher  
 Obtained AA Degree  
Employment Status:  Unemployed  Employed Part-Time  Employed Full-Time  Retired

## Contact Information *Enter an individual that will know how we can contact you.*

Name	Address	Phone	Cell Phone	Relationship
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## Outreach

Where did you hear about Veterans Upward Bound? *Please provide referral source if applicable.*

Community Agency \_\_\_\_\_  Referral Education Institution \_\_\_\_\_  
 Veteran Agency \_\_\_\_\_  Word of mouth \_\_\_\_\_  
 Advertisement \_\_\_\_\_  Referral from TRIO Program \_\_\_\_\_  
 VUB Website/ Other: \_\_\_\_\_  Other \_\_\_\_\_

I certify that the information above is true and verifiable.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

## Client History Information

### Military History

1. Why did you enter the military? \_\_\_\_\_
2. What was/is your military occupation? \_\_\_\_\_

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### Employment History

1. If employed, what type of work are you currently doing? \_\_\_\_\_
2. What would you like to do? \_\_\_\_\_

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### Legal History

1. Have you ever been convicted of a criminal offense, other than a minor traffic violation, or otherwise institutionalized for threatening or causing physical or emotional injury to persons or property?  Yes  No

If yes, please include an explanation: \_\_\_\_\_

2. Have you been convicted of a felony?  Yes  No

If yes, please include an explanation: \_\_\_\_\_

3. Are you on parole or probation for this felony?  Yes  No

Name of Probation Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. Do you reside in a halfway house?  Yes  No

Facility: \_\_\_\_\_ Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### Disability

1. Do you have any physical (including vision or hearing), mental or learning disabilities that may interfere with your participation in the program?  Yes  No

If yes, please describe if you wish: \_\_\_\_\_

2. Do you currently take any medications which may interfere with your program of study?  Yes  No

If yes, please describe if you wish: \_\_\_\_\_

3. Have you been diagnosed for Traumatic Brain Injury?  Yes  No

4. Have you been diagnosed for Post Traumatic Stress Disorder?  Yes  No

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### Rehabilitation

Are you currently receiving any Disability Compensation?  Yes  No *If yes, please specify below:*

<u>Type</u>		<u>Rating</u>
Veterans Affairs	<input type="checkbox"/> Service-connected <input type="checkbox"/> Non Service-connected	_____
Workmen's Compensation		_____
Social Security		_____
Other		_____

Disability you are rated for: \_\_\_\_\_

## Educational Statement of Need and Personal Goals

### Educational History

1. What classes/subjects did you enjoy? \_\_\_\_\_
  2. What classes/subjects do you avoid or dislike? \_\_\_\_\_
  3. Have you ever attended college?  Yes  No  
If yes, list schools and years attended. Schools: \_\_\_\_\_ Years: \_\_\_\_\_
  4. If you attended college previously, why did you leave? \_\_\_\_\_
  5. Have you used your GI Bill Ed. Benefits?  Yes  No  
If yes, list schools and years you have received benefits. Schools: \_\_\_\_\_ Years: \_\_\_\_\_
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### Educational Needs

1. I am interested in improving my academic skills in the following areas: *Check all that apply*

<input type="checkbox"/> Basic Mathematics	<input type="checkbox"/> Biology	<input type="checkbox"/> Basic Computer Skills
<input type="checkbox"/> Algebra	<input type="checkbox"/> College Study Skills	<input type="checkbox"/> Intermediate Computers
<input type="checkbox"/> Pre-Calculus	<input type="checkbox"/> Writing	<input type="checkbox"/> Foreign Language
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Reading	<input type="checkbox"/> Public Speaking
  2. I am interested in exploring an academic major or career goal.  Yes  No
  3. I am interested in receiving tutoring in \_\_\_\_\_
  4. I am interested in receiving information on V.A. Education Benefits.  Yes  No
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### Personal Educational Goals

1. Do you plan on attending a college or post-secondary training program upon completion of your VUB instruction or your return from your deployment?  Yes  No
  2. If yes, what institution do you plan to attend? \_\_\_\_\_  
Month: \_\_\_\_\_ Year: \_\_\_\_\_
  3. What services would you like us to provide to help you further your educational goals?

<input type="checkbox"/> Veteran Education Information
<input type="checkbox"/> Financial Aid Information
<input type="checkbox"/> Tutoring
<input type="checkbox"/> College Admissions and Registration Assistance or Information
<input type="checkbox"/> Career Exploration and Planning
<input type="checkbox"/> Nothing or not interested in pursuing college or vocational training
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### Non Educational Needs

1. I am interested in being referred to receive assistance in obtaining housing, food, or transportation.  Yes  No
  2. I am interested in being referred for V.A. services such as disability, Traumatic Brain Injury, or Post Traumatic Stress Disorder.  Yes  No
  3. I am interested in being referred for personal or family counseling.  Yes  No
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# Veterans Upward Bound Program Agreement and Release of Information

## Participant Contract

1. Veterans admitted to the program have demonstrated an educational need and desire to pursue academic study for self-improvement. As non-traditional or older returning students, your needs are assessed individually with plans and goals established leading to the achievement of your goal. Your enrollment constitutes a commitment to participate actively and fully in your course of study.
2. Students will be provided necessary books and supplies. Students will be liable for any destruction to school or program property, including text books. All materials loaned are required to be returned upon completion or leaving the program.
3. The Veterans' Upward Bound is funded by the US Office of Education and complies with all regulations pertaining to a drug-free environment. Possession or knowledge of usage of any non-prescribed drug(s), illegal substance, or alcohol while attending VUB at any site will result in termination of enrollment and benefits.
4. Veterans enrolled are not charged for instruction. No formal grades or credits are received for instruction.
5. The program is mandated to follow-up on the academic retention and performance of all program participants. Transcripts will be requested from your college or vocational technical school for each term you are enrolled. These will be maintained in a confidential manner and used for statistical purposes only.
6. ***This section applies ONLY to the Billings campus and to ALL Tribal Colleges.***  
Veterans eligible for V.A. benefits are entitled to receive them while attending Veterans' Upward Bound. Billings students will be paid on clock hour basis as follows: 18 hours per week for full-time pay; 13-17 hours per week for 3/4-time pay; or 9-12 hours per week for ½ time pay. Tribal students will be paid by the number of credits as follows: 12 credits or more for full-time pay; 9-11 credits for ¾ time pay; and 6-8 credits for ½ time pay. **Excessive absences or habitual tardiness may result in suspension from the program or termination of VA benefits.**
7. ***This section applies ONLY to ALL Tribal College.***  
Students enrolled in 12 credits or more, may qualify for \$360 tuition assistance providing they pass all courses with at least a 2.5 GPA. Students are REQUIRED to return all documentation and maintain communication with a VUB advisor. Students may receive up to 3 years assistance to complete a 2 year degree. Students graduating from a 2 year college and decide to enter a 4 year college may apply for a TCAB Scholarship. Required paperwork consists of VUB Application Packet, Class Schedule, and midterm and final grades. **All assistance will be sent to your college financial aid office once per academic calendar if you have met program requirements.**

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## Confidentiality Policy & Release of Information

The Veterans' Upward Bound program, under the US Department of Education, is authorized and required to maintain an information file on program participants (20 USC 123 1a). The personal information you give to the MSU-Northern Center for VETS program staff will be used to determine your eligibility for this program, establish eligibility for other programs/benefits you may be entitled to, and to identify needs and ongoing concerns. Unless written permission is given by you, the student, information maintained in your file will remain confidential and will not be released to a third party or agency. The only exception to this rule is in the clear instance of a legal duty to warn or report, or if your **file** is legally court ordered. Please discuss any questions concerning "legal duty" or "court ordered" with program staff prior to signing this form.

Your file is closed upon graduation or termination from the program. As required by law, the program is responsible for maintaining a record tracking academic performance of our participants until graduation or termination of a college or training program. Student records are kept for a period of five years, and academic tracking records are maintained as long as you, the student, are pursuing training.

I hereby authorize the MSU-Northern Center for VETS program to receive copies of all my academic records and grade reports as long as I remain in college or vocational training program.

I hereby authorize the MSU-Northern Center for VETS program to access any financial aid, educational, diagnostic or vocational rehabilitation information related to my participant in this program.

Your signature confirms that you have read, understand, and agree to comply with the terms and conditions stated in this contract while you are enrolled in Veterans' Upward Bound.

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Student Signature

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Print Name

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SSN

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Date