

Veterans Upward Bound Application



(please print clearly)

First Name: _____ MI _____ Last Name: _____
 SSN: _____ DOB: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell phone: _____
 Email: _____

Eligibility Requirement(s): (please check any that apply)

I am a U.S. citizen or legal resident. I have served at least 181 days of active duty
 OR:

I was a member of a reserve component of the Armed Forces called to active duty for a period of more than 30 days (at least 31 days) on or after September 11, 2001
 or

I was called to active duty for less than 30 days to serve in support of a contingency operation on or after September 11, 2001

In addition, I meet at least ONE of the two criteria listed below:

1. Potential first-generation college graduate (neither parent graduated from college):
 Yes No

What is the HIGHEST level of education COMPLETED by the parent(s) that you grew up with?

| | Mother | Father |
|--------------------|--------|--------|
| Grade School | | |
| High School | | |
| 2 yr Degree | | |
| 4 yr Degree | | |
| Beyond 4 yr Degree | | |

2. Considered low-income: YES NO

(Effective February 2009
 Until Further Notice)

Signature: _____

| Federal TRiO Programs 2009 Annual Low Income Levels | | | |
|--|---|----------|----------|
| Size of Family Unit | 48 Contiguous States, D.C. & Outlying Jurisdictions | Alaska | Hawaii |
| 1 | \$16,245 | \$20,295 | \$18,690 |
| 2 | \$21,855 | \$27,315 | \$25,140 |
| 3 | \$27,465 | \$34,335 | \$31,590 |
| 4 | \$33,075 | \$41,355 | \$38,040 |
| 5 | \$38,685 | \$48,375 | \$44,490 |
| 6 | \$44,295 | \$55,395 | \$50,940 |
| 7 | \$49,905 | \$62,415 | \$57,390 |
| 8 | \$55,515 | \$66,750 | \$61,410 |

VUB IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION PROGRAM, AS SUCH, IT IS OUR POLICY TO FOLLOW A CONCEPT OF NON-DISCRIMINATION REGARDING, RACE, RELIGION, SEX, AGE, COLOR, NATIONAL ORIGIN, OR HANDICAP.

3. Are you currently seeking work?

No Yes

4. Are you registered with the local Job Service office?

No Yes

OTHER

5. Military History: (Career Field, actual job combat experience, etc.)?

6. How did you hear about our VUB program?

NEEDS AND SERVICES INVENTORY: Please check the following boxes that apply

Non-Academic

- I am currently homeless or in need of a more stable place to stay.
- I am in need of food.
- I am in need of transportation to attend the program.
- I am in need of VA assistance related to physical health.
- I would like help in addressing a substance abuse problem.
- I am in need of legal assistance.
- I am a service-connected disabled veteran and would like assistance with VA Vocational Rehabilitation.
- I am on Workers Compensation and would like assistance with State Vocational Rehabilitation.
- I am a combat veteran and would like assistance related to my combat experience.
- I am unemployed or underemployed and would like help finding a job, writing a resume, job interview skills, or finding out what I can do.
- I am in need of mental health support to address personal problems related to stress, depression, anxiety, or mid-life changes.

Academic

- I am interested in improving my math or algebra skills.
- I am interested in improving my skills in science.
- I am interested in improving my skills in Spanish.
- I am interested in improving my writing skills.
- I am interested in improving my reading skills.
- I am interested in improving my computer skills.
- I do not have a GED or high school diploma and am interested in obtaining one.

Academic Support

- I am not sure what my academic strengths and weaknesses are.
- I am not sure what I want to do or how school can help me.
- I am interested in assistance applying for college.
- I am interested in course advisement.
- I am interested in assistance regarding college entrance or placement testing.
- I am interested in receiving tutoring in a course I am currently enrolled in.
- I am interested in assistance in improving my college study skills and survival skills.
- I would like information or assistance for a learning disability.

Student Support

- I am experiencing a personal crisis at home that I need help with.
- I would like assistance applying for financial aid to attend college.
- I would like assistance applying for Veterans Educational Benefits or VA Vocational Rehabilitation.
- I am interested in attending or participating in social or cultural activities offered by the college.
- I am interested in attending academic or student service workshops offered by VUB or the college.
- I am interested in information about financial literacy.

Privacy Release:

Records/Information/Communications

I, _____(print name), certify that all of the information I have provided on this application is, to the best of my knowledge, complete and accurate. Furthermore, I understand that by applying to participate in the VUB Program, I authorize VUB Program staff to obtain records or data pertinent to my VUB participation from other sources and to release information to the United States Department of Education as mandated. The VUB Program staff also has my permission to communicate verbally or otherwise (email, cell phone, texting, etc.) with myself, staff, faculty, and/or off-campus professionals on my behalf.

Student Signature _____ Date _____

Photo Release

I, _____(print name), give Weber State University, Veterans Upward Bound, the absolute right and permission to use, publish, re-use, re-publish, and distribute any photograph in which I may appear, as well as unlimited use in any advertising medium whatsoever, without restrictions.

I further release Weber State University from any and all claims arising out of or in connection with the use of this photo, including libel, slander, invasion of right of privacy, publicity or personality relating to the exercise of any right referred to herein.

Signature: _____ Date: _____

Witness: _____ (Weber State University Representative)

Individual Educational Plan (IEP) (to be completed with your VUB Advisor)

| | |
|--|---------------------------|
| Name: | Date: |
| Academic Major/School: | |
| Projected Project Completion Year: | |
| Student Goals for Successful Academic Advancement/Completion (Academic Improvement Goals, Transfer Goals, Admittance Goals, Registration Goals, Degree/Certification Goals, Project Completion Goals, Employment Goals, Personal Goals, etc.) Please state the specific goal and how you plan to achieve it. | |
| Goal #1 | Notes: |
| Plan for Achievement: | |
| Goal #2 | Notes: |
| Plan for Achievement: | |
| Goal #3 | Notes: |
| Plan for Achievement: | |
| Goal #4 | Notes: |
| Plan for Achievement: | |
| VUB Advisor Signature & Date: | Student Signature & Date: |

VETERANS UPWARD BOUND
CONTRACT FOR STIPEND AGREEMENT

Participants understand that **VETERANS UPWARD BOUND IS NOT AN ENTITLEMENT PROGRAM** and that services are not guaranteed. Staff will provide the best customer service to ensure quality. However, according to federal regulation, participants do not have legal or entitlement rights to Veterans Upward Bound services.

In order to comply with DOE regulations, participants must complete a Post Test to be eligible to receive any stipend.

For the first 12 months of participation in the program, a stipend of *up to* \$40 per month is available to VUB participants. The stipend is payable at the end of the semester and is dependent on the participant meeting the following criteria:

- To receive the \$40 stipend participants must attend VUB sponsored tutoring sessions or workshops a minimum of 12 hours/month. [Hourly stipend amounts will be prorated according to the following: 4-7 hours/month = \$20; 8-11 hours/month = \$30; 12+ hours/month = \$40.]
- Complete all VUB assigned coursework to the satisfaction of the instructor
- Complete the prescribed post-test assessment

Participant Name: _____
(please print)

Participant Signature

VUB Advisor

Date

Date

I hereby refuse to accept this opportunity, and agree that I will not hold VUB responsible should I later change my mind. I acknowledge that this opportunity will only be offered to me once and will not be available to me at a later date.

Participant Signature: _____

Date: _____

VUB Advisor Signature: _____

Fill in **ONLY** areas **hi-lighted in turquoise**



WEBER STATE UNIVERSITY
 1014 University Circle
 Ogden, UT 84408-1014
 Phone: (801) 626-6606 Fax: (801) 626-7464

| Accounting Services |
|---------------------|
| Invoice number: I |
| Check number: |
| Date: |
| Vendor Number: W |

**Check Request for Prize, Award, Stipend,
 or Honorarium (\$400 or less)**

| | | | |
|--|---------------|----------------|----------------------------|
| Legal Name: | | Phone: | |
| Address: | | E-mail: | |
| City: | State: | Zip: | |
| Social Security Number (SSN) | | | |
| U.S. Citizen: Yes <input type="checkbox"/> or No <input type="checkbox"/> (If no, contact Accounting Services before giving prize or award) | | | |
| Are you or have you been a WSU employee during the past 12 months? <input type="checkbox"/> Yes or <input type="checkbox"/> No (If yes, contact Accounting Services, you may need to use a PAR.) | | | |
| Date: | | Amount: \$ | |
| Check one: <input type="checkbox"/> Prize <input type="checkbox"/> Award <input type="checkbox"/> Stipend <input type="checkbox"/> Honorarium | | | |
| Description: | | | |
| Index (Old FRS account) | Fund | Orgn 53900 | Account (subcode) 76100 |

IRS Substitute W-9: Federal law requires that we have on file a W-9 form with the **Social Security number and signature** for each individual or business to whom the University makes a non-payroll payment. Therefore we ask that you complete the following information. The IRS may impose a penalty of up to \$500.00 for non-compliance or supplying false information.

Certification - Under penalties of perjury, I certify that: **(1)** The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **and (2)** I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and (3)** I am a U.S. person (including a U.S. resident alien).

SIGNATURE: _____ **Date:** _____
Individual Receiving Prize or Award Leave Blank

Requestor signature _____ Date _____ Approval signature _____ Date _____

Accounting services reviewer _____ Documentation attached (if necessary)

This form must be completed each time an individual receives a prize, award, stipend or honorarium. Checks will be mailed directly to the individual unless otherwise indicated.