

VETERANS UPWARD BOUND
P.O. Box 4665
Clarksville, Tennessee 37044

**Emergency Contact Name and
Number:**

SOCIAL SECURITY NUMBER _____

NAME _____
LAST FIRST M. I.

ADDRESS _____

CITY COUNTY STATE

ZIP _____ PHONE HOME: _____
PHONE CELL: _____

Email Address: _____

EMPLOYED: _____ UNEMPLOYED
_____ PART TIME
_____ FULL TIME
_____ RETIRED

YOUR OCCUPATION _____

U.S. CITIZEN YES _____ NO _____

DATE OF BIRTH:

MO _____ DAY _____ YR _____

MARRIED: _____ YES _____ NO

SEX:

MALE _____ FEMALE _____

ETHNICITY/RACE: CHECK ALL THAT APPLY

_____ HISPANIC/LATINO
_____ AMERICAN INDIAN/ALASKAN
_____ ASIAN
_____ AFRICAN AMERICAN
_____ WHITE
_____ NATIVE HAWAIIAN/PACIFIC ISLANDER

FAMILY SIZE:

___ 1 ___ 2 ___ 3 ___ 4

___ 5 ___ 6 ___ 7 ___ 8

___ 9 or more

HAVE EITHER OF YOUR PARENTS
RECEIVED A FOUR-YEAR COLLEGE DEGREE
YES _____ NO _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA?
YES _____ NO _____ GED

CIRCLE THE HIGHEST GRADE COMPLETED

GRADE SCHOOL 1 2 3 4 5 6
JR. HIGH 7 8
HIGH SCHOOL 9 10 11 12
COLLEGE 1 2 3 4
VOCATIONAL 1 2 3

04/10

ARE YOU CURRENTLY ENROLLED IN COLLEGE
OR VOCATIONAL SCHOOL? _____
IF SO, WHERE? _____

HAVE YOU ATTENDED COLLEGE/VOCATIONAL
SCHOOL IN THE PAST? _____
IF SO, WHERE? _____

WHEN DID YOU ATTEND? _____

WHAT WAS YOUR GPA? _____

IF YOU ARE NOT CURRENTLY ENROLLED IN
COLLEGE/VOCATIONAL SCHOOL, DO YOU PLAN
TO ENROLL NEXT SEMESTER? _____

ARE YOU A VETERAN? YES _____ NO _____
BRANCH OF SERVICE _____
DATE ENTERED _____
DATE SEPARATED _____

TYPE OF DISCHARGE _____
DO YOU HAVE A SERVICE
RELATED DISABILITY? _____

HOW DID YOU FIND OUT ABOUT
VETERANS UPWARD BOUND?
_____ FRIENDS/RELATIVES
_____ NEWSPAPER ADVERTISEMENT
_____ RADIO/TV
_____ VA OFFICE
_____ VOC REHAB
_____ SPEECH/PRESENTATION/TABLE
_____ CAREER CENTER
_____ BROCHURE: _____

AFTER COMPLETING THE VUB PROGRAM
WHAT ARE YOUR POST-SECONDARY GOALS?

I CERTIFY THAT ALL OF THE ABOVE
INFORMATION IS CORRECT AND COMPLETE.

SIGNATURE _____

DATE _____

VETERANS UPWARD BOUND
Prior Education Information
In-Take Form

NAME _____ DATE _____

SSN # _____

1. Have you completed any college courses? Yes _____ No _____
2. How many college hours have you completed? _____
3. When did you attend college? Month _____ Year _____
4. Can you provide copies of college transcripts? Yes _____ No _____
5. List all previous college (s) attended.

6. Do you have an Associate degree? Yes _____ No _____
7. Do you have a Bachelors degree? Yes _____ No _____
8. Have you applied to enroll in any post-secondary schools?
Yes _____ No _____
9. Do you plan to use any VA benefits for post-secondary education (i.e. Voc Rehab, GI Bill, VEAP, etc) ? Yes _____ No _____
10. Do you have any career goals set? Yes _____ No _____

I understand that my enrollment in Veterans Upward Bound does not exempt me from any Developmental Studies classes or taking entrance exams such as the Compass Test for admittance into post-secondary schools.

I certify that the information supplied on this form is complete and true.

Signature

Date

VETERANS UPWARD BOUND GUIDELINES FOR PARTICIPATION

The following guidelines have been developed for the Veterans Upward Bound program to help accomplish your educational goals:

1. All persons admitted into the Veterans Upward Bound program will be required to participate actively in the program and make use of all available services as they relate to their educational needs, and agree to attend class **consistently until one Post-TABE has been completed.**
2. Persons involved in the willful destruction of misappropriation of program or school equipment or materials will be held liable for their actions.
3. Persons participating in the Veterans Upward Bound program may be suspended from the program under the following circumstances:
 - a. The possession or use of any illegal drugs or alcohol while attending a Veterans Upward Bound class or any event while on the APSU campus.
 - b. Excessive absences.
 - c. Staff determination that the Veterans Upward Bound program is an inappropriate course of instruction for his/her needs.
 - d. Instructor/staff recommend termination for failure to participate in class.
 - e. Participation in other activities deemed to be in conflict with the intent of the Veterans Upward program or that in any way violates the requirements of the program.
4. Persons suspended from the program as provided in 3 above, may request a review by the program Director. The Austin Peay State University appeals must be followed in instances where the student does not accept the Director's finding.
5. The Veterans Upward Bound program is a joint University and Department of Education effort and relies upon Federal funds for its continuance. Your enrollment in the program is dependent upon continued Federal funding. Austin Peay State University and its personnel are in no way liable or obligated to continue the program if Federal funding is terminated.

I have read these guidelines and agree to abide by them during the term of my participation in the Veterans Upward Bound program.

Signature

Date

Date: _____

COMMANDER, ARPERCEN
9700 PAGE BLVD.
ATTN: DARP-V-SE-VO
ST. LOUIS, MO 63132-5100

Dear Sir:

Please consider this a request for an undeleted copy of my discharge papers including the DD214.

My full name is: _____

My branch of service was: _____

My service serial number was: _____

My social security number is: _____

My date of birth is: _____

I entered the service on: _____

I was discharged on: _____

Place of discharge was: _____

Please send this information to me at the following address:

Austin Peay State University
Veterans Upward Bound
P.O. Box 4665
Clarksville, Tennessee 37044

Thank you for y our prompt reply,

Sincerely,

Veteran's Signature

AUSTIN PEAY STATE UNIVERSITY
VETERANS UPWARD BOUND
INCOME ELIGIBILITY REQUIREMENT

Applicant's Name _____

SSN _____

Date _____

INCOME ELIGIBILITY

Based on _____ (year) Income

I certify that, to the best of my knowledge, my taxable income as stated on my
Income tax form for the year _____ was
_____. The number of dependents used on this income
tax form was _____. Tax Transcript Request Faxed (date) _____

In the absence of my most recent 1040, I present this certification to the
Veterans Upward Bound program as proof of my income in order to satisfy the
income eligibility requirement for the VUB program.

Applicant's Signature

Date

Signature Witnessed

by _____ Date: _____

VUB: 0910

Request for Transcript of Tax Return

► **Request may be rejected if the form is incomplete or illegible.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.

c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

Sign Here	Signature (see instructions)	Date	
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	