

RANS 2020 -2021 Application

Last Name:	First Name:	MI	Date
Address:		Apt#	
City:	State: Zip:	Email:	
County: Montgomery Stews	art 🗆 Houston 🗆 Robertson	n 🗆 Ft. Campbell 🗆 🤇	Other
Daytime Phone:	Secondary Phor	ne:	
	Personal Information		
Social Security #	Date of Birth:	Gender:	□ Male □Female
Marital Status: □ Single □ Marrie	ed □ Separated □ Divorced	l 🗆 Widowed	
Ethnicity: Amer. Indian/Alaskan Native Caucasian Hawaiian/Pacific Is			spanic
Are You: □ US Citizen □ Perman	ent Resident		
Employment: Fulltime Part	time 🗆 Unemployed 🗆 Reti	ired	
	Military Service		
\Box I served on active duty as a member days.	er of the Armed Forces of the U	nited States for a period of	of more than 180
□ I was a member of a reserve competuty for a period of more than 30 day		ne United States and was	called to active
□ I was a member of a reserve composin support of a contingency operation			red on active duty
Branch of Service: □ Army □ Na	vy 🗆 USMC 🗆 USAF 🗆 U	ISCG □ National Guard	□ Reserves
Type of Discharge: □ Honorable	□ General □ Dishonorable □	Other	
Discharge Date:	Years of Service:		
Do you have a disability related to yo	our military Service? Yes	□ No	
Do you have a certified disability? (1	Not VA disability) □ Yes □ No	o	
Are you Fligible for the G.I. Bill edu	ication Renefits? Ves No	o □ Unknown	

Education

High School Graduate? □ Yes: Year □ Received	G.E.D □ Highest Grade Con	npleted
DO YOU HAVE A 4 YEAR COLLEGE DEGREE?	Yes: Date of Degree	□ No
Have you previously attended college	□ No	
Was your last period of formal education more than 5 years	ago? □ Yes □ No	
Currently attending college? Yes: College attending	□ No	
First Generation Criteria Do you have a parent/guardian with a 4-year college degree?		
Mother/Female Guardian: □ *Yes □ No Father* *If yes, what age were you when he/she completed their.		
Income Eligi	<u>bility</u>	
		ed By VUB Staff In Grey Area
Family Size: Include Yourself and Dependents	Family Size / Taxable Inc	
□ I was NOT required to file a tax return last year My total non-taxable income for last year (from all sources) \$	1 \$19,140 2 \$25,860 3 \$32,580 4 \$39,300 5 \$46,020 6 \$52,740 7 \$59,460 8 \$66,180 ELIGIBILTY CATEGOR	1- Low Income 2- 1 st Generation 3- Both 4- Disability 5- NE
How Did You Hear About Veto Referral from community agency Word of mouth/Walk-in Referral Advertisement Referral from non-TRIO program Referral from a school or educational institution Our Website Oth I certify that all information I have given is true and correct to the best of that I agree for the program staff to obtain and utilize my personal information.	I from veteran's agency Refer er f my knowledge. Completion of t	this application indicates
Signature:	Date:	