

TRIO

VETERANS UPWARD BOUND

Application Packet

Central Carolina Technical College
TRIO Veterans Upward Bound Program
506 N. Guignard Drive
Sumter, SC 29150-2499
Tel: 803.774.3331



FUNDED 100% BY THE U.S. DEPARTMENT OF EDUCATION

***Total five-year cycle of Federal Funding: \$1,319,690.
Number of students served per year of funding: 125.***

APPLICATION CHECKLIST

To expedite the selection process, please make sure to complete and attach the following

- A copy of your parent or guardian’s most recent federal income tax form or your tax return.**
NOTE: W-2 FORMS ARE NOT ACCEPTABLE.
 A printout from the Social Security Administration or the Department of Social Services is acceptable as income verification, if the family’s sole income is social security or AFDC benefits.
- A DD214 or official orders.**
- Appropriate signatures as indicated on all forms.**

NOTE: To be considered for the Veterans Upward Bound Program, the entire application packet must be completed.

Index:

Personal Data3

Goal Planning Form4

Military Experience.....5

Career Exploration Development5

Financial Aid /Academic Data6

VUB Participation Contract.....7

Release and Signature.....8

Financial Aid Award Information.....9

Veterans Upward Bound Program Staff Office Numbers

Director.....803.774.3331

Administrative Assistant

Transition Counselor

Academic Counselor

Central Carolina Technical College
Veterans Upward Bound
 506 N. Guignard Drive
 Sumter, SC 29150-2499
 T: 803.774.3331 • F: 803.778.6634

Central Carolina Technical College does not discriminate in employment or admissions on the basis of race, color, national origin, sex, gender identity, sexual orientation, genetic information, age, religion, disability, or any other protected class.

DATE RECEIVED

Central Carolina Technical College
Veterans Upward Bound Program
Application for Admission
506 N. Guignard Drive
Sumter, SC 29150-2499
803.774.3331

For Staff Use Only:	
LI _____	LI/FG _____
FG _____	HR _____
HR/LI _____	
Program Entry Date: _____	
Release Date: _____	
Graduation Date: _____	

Please type or print in black or blue ink.

PERSONAL DATA

Legal Name: _____ Male Female
Last First Middle (complete)

Students C Number: (if applicable) _____

Mailing address: _____

County: _____ City or Town: _____ State: _____ Zip Code: _____

Phone at local address: (_____) _____ Permanent home phone: (_____) _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Marital Status: _____ Number of dependents: ____ E-mail address: _____

Citizenship: U. S. U. S. Permanent Resident Visa Other Citizenship: _____

Please give your permanent address, if different from the above:

Permanent address: _____

County: _____ City or Town: _____ State: _____ Zip Code: _____

Eligibility Status:

Are you a veteran? Yes No

Do you currently have a high school diploma? Yes No Do you currently have a college degree? Yes No

Did either of your parents complete a four-year college degree? Yes No

If yes, who completed the degree? Mother Father Guardian What Degree: Doctors Masters Bachelor

Do you have a documented disability? Yes No

Note: If you disclose that you have a disability, documentation will be required to process this application.

Other Information:

Ethnicity (Select One) Hispanic or Latino Not Hispanic or Latino

Race (Select one or more)

Required if you are not Hispanic or Latino; Optional if you are Hispanic or Latino

- | | |
|---|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Mexican American, Chicano |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Asia (Indian Subcontinent) | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Hispanic, Latino | <input type="checkbox"/> Other _____ |

How did you hear of this program? _____

HOW CAN THE TRIO VETERANS UPWARD BOUND PROGRAM HELP YOU?

GOAL PLANNING

Please help us reduce your risk factors while we help build your resiliency. Think of your positive attributes when you set these goals. They include academic, career, educational plans, as well as time and stress management for you and your family.

Date: _____

1. What personal goals have you set for yourself? _____

2. What educational goals have you set for yourself? _____

3. What are your career goals? _____

HOW DO YOU THINK YOU WILL BENEFIT FROM THE TRIO VUB PROGRAM?

- | | | |
|---|--|---|
| <input type="checkbox"/> Supplemental Instruction | <input type="checkbox"/> Networking Opportunities | <input type="checkbox"/> Financial Aid Assistance |
| <input type="checkbox"/> Transfer Assistance | <input type="checkbox"/> Academic/Personal/Career Counseling | <input type="checkbox"/> Supportive Workshops |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Financial Literacy Awareness | <input type="checkbox"/> Other: (Explain) _____ |

STUDY SKILL (if enrolled in college)

1. How much time do you devote to studying each day? _____
2. Where do you study? _____
3. Where do you usually sit in the classroom? _____
4. When you do not understand something in class, what do you do? _____
5. What note-taking method do you use? (Ex: outlining, charts, main concepts, etc.) _____
6. Do you use a time management tool such as a daily/weekly planner? Yes / No
7. Have you taken COL 105 (College Skills)? _____
8. How many absences have you had this semester? _____
9. Are you having trouble in a particular course(s)? Yes / No Course(s) _____
10. What steps have you taken to get help? _____

Are you considering transferring to a four-year school? Yes No

If "yes" please list your choices

Student Signature

Staff Signature

MILITARY EXPERIENCE

My Branch of the Service: _____ **Separation Date:** _____

Discharge: Honorable Dishonorable General Other: _____

CAREER EXPLORATION DEVELOPMENT

My Career Choices: The careers that interest me the most are:

Job Title: _____ Job Title: _____

My Employability Skills: The skills I already possess include: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Language Competence & Skills
<input type="checkbox"/> Math Competence & Skills
<input type="checkbox"/> Technical Competence & Skills
<input type="checkbox"/> Managerial Skills
<input type="checkbox"/> Interpersonal Skills
<input type="checkbox"/> Computer Competence & Skills
<input type="checkbox"/> Other Skills: _____ | <input type="checkbox"/> Dependability/Reliability
<input type="checkbox"/> Productivity
<input type="checkbox"/> Positive Attitude
<input type="checkbox"/> Customer Service Skills
<input type="checkbox"/> Positive Work Ethic
<input type="checkbox"/> Clerical Skills |
|--|---|

My Work Experience: Record any jobs that resulted in the development of employable skills.

Job Title	Duties of Employment	Duties Included	Skills Acquired

Career Research Methods: These are methods I have used to research careers.

- | | |
|---|---|
| <input type="checkbox"/> Interviews
<input type="checkbox"/> Job shadowing
<input type="checkbox"/> Books & Other references
<input type="checkbox"/> Internet | <input type="checkbox"/> Career Information
<input type="checkbox"/> Letters to business and professional organizations
<input type="checkbox"/> Internship
<input type="checkbox"/> Job Fairs |
|---|---|

Career Assessment Results: My three highest career interest groups are: **(Based on Career Coach results)**

Career Title	Corresponding Career Cluster
1. _____	_____
2. _____	_____

Annual Review of Career Goals:

1. Have you researched any new careers? _____ If so, which ones? _____

2. Are you interested in any new careers? _____ If so, what are they? _____

3. Do you need to change your educational plans to match your new career interests? _____
 What changes should you make? _____

4. Has your work experience and/or academic studies influenced your career goals? _____

If so, How? _____

 Student's Signature

 Date

STOP HERE:

A TRIO Staff Member will complete these pages with you!

Financial Aid Data

Are you receiving financial aid? Yes No Type of Aid: _____

If no, check the reason(s) Have not applied Was not eligible Other: _____

If yes, for financial aid purposes, are you considered dependent independent?

IF DEPENDENT COMPLETE SECTION A; IF INDEPENDENT COMPLETE SECTION B

SECTION A:

Number of household members, including yourself: _____

Parents' current taxable income? (From federal income tax form): _____

SECTION B:

Number of household members, including yourself, spouse, and/or other dependents: _____

Current taxable income? (From federal income tax form): _____

Academic Information

When was your first semester? Month _____ Date _____ Year _____ Which College: _____

What program are you seeking? Certificate Diploma Degree

Number of course hours completed: _____ Cumulative GPA: _____

Who is your current academic advisor? _____

How can the Veterans Upward Bound Program help you? (Check as many as apply)

- Math Tutoring
- English Tutoring
- Reading Tutoring
- Science Tutoring
- Career Planning
- Study Skills Instruction
- Counseling
- Mentoring
- Financial Aid Information
- VA Resources
- Time Management
- Other _____

(Interview Session)

Are there any specialized needs or services (medical, etc.) that the program should be aware:

I certify that the above information on this application is accurate and complete to the best of my knowledge.

Student's Signature

Date

VETERANS UPWARD BOUND PROGRAM PARTICIPATION CONTRACT

I agree to participate in the Veterans Upward Bound Program as outlined in the requirements listed below and as discussed with the program staff.

1. I agree to attend classes regularly. I understand that regular classroom attendance is defined by the Veterans Upward Bound (VUB) Program as having no more than three unexcused absences in any course during the semester.
2. Reasonable progress in coursework is the basic objective of the VUB program. If in the opinion of the VUB staff, an effort to make progress has not been made, I understand this contract will be void.
3. I agree to attend regularly scheduled appointments with a member of the VUB staff. There will be at least one (1) to two (2) appointment(s) per month. These appointments are primarily for the purpose of discussing academic progress and scheduling needed services. If I am unable to attend, I will call the administrative assistant and reschedule the appointment.
4. I agree to attend at least one cultural activity during each semester. Examples of cultural activities are: art shows, concerts, academic travels, dinner theatre, and personal growth workshops.
5. I agree to attend specialized group sessions/retreats, etc., each semester. I understand I will be notified by the VUB staff of these sessions.
6. I agree, if placed on academic probation or early alert, to participate in mandatory regularly scheduled study sessions and academic interventions as directed by the program counselor.
7. I agree to participate in career exploration if required, two (2) workshops per semester, and two (2) sections from the Online Financial Literacy program. I agree to participate in individual and group testing and counseling, if requested, to determine cultural, career, educational, and personal needs.
8. I will abide by the policies and procedures of the college and the VUB program while on the CCTC campus and participating in VUB trips and activities.
9. I will have my VUB identification available upon request.
10. If in spite of my participation in all of the above requirements, I am suspended from a college for poor academic performance, my continued enrollment in the TRIO Veterans Upward Bound program could be in jeopardy.
11. Stipends will only be awarded if I actively participate in the VUB program by abiding by the aforementioned stipulations.

I understand that either the Veterans Upward Bound Program or I may void this contract without further obligation; however, I do understand that federal regulations may require me to participate in a follow-up study at a later date. I understand that certain program requirements may be modified slightly during the year, but not without prior notification to program participants.

Name: _____ C Number (if applicable) _____

Mailing Address: _____

Home Phone Number: _____ Alternate Phone Number: _____

E-Mail Address: _____

_____ Date _____

Student Signature

_____ Date _____

TRIO VUB Staff Signature

RELEASE AND SIGNATURE

I agree, if accepted into the Veterans Upward Bound Program, to participate in answering questionnaires and other appropriate and approved research projects done as part of the program's evaluation. I also agree that photographs taken during the program, papers written during the program, and similar items may be used by VUB in reports and public information materials. I further agree to allow VUB to release, for education purposes, photographs and video recordings, with or without audio, of VUB activities and projects on which I am involved.

I authorize the Veterans Upward Bound Program to release or request information from authorized officials to include instructors to maintain my educational records. I understand that if I am accepted into the VUB Program, I will have to comply with the rules and regulations of the program. I understand that the VUB Director has the right to dismiss any student whose behavior is incompatible with the goals and standards of VUB and Central Carolina Technical College.

I authorize the student financial aid office at the college I attend, to release my financial aid information to the Veterans Upward Bound Program at Central Carolina Technical College.

Student's Signature

Date

TRIO COMPUTER/STUDY LAB/VETERANS RESOURCE CENTER PROCEDURES

1. Remember when entering the TRIO office or VRC to sign-in before using the Computer Lab or Study Lab and to sign out after.
2. Do not bring food into the computer labs or study labs on campus. There is an area to bring food into the VRC.
3. Please have cell phones on vibrate. If there is a need to answer your phone or make a phone call, please do it outside of the lab, as not to disturb others.
4. If you are not actively using the computer, please sign off and remove your personal belonging so that others may use the computer.
5. Please keep noise down to a minimum and do not place feet on chairs or tables.
6. Computers are not to be used to play games, view Facebook or Myspace, watch video programs, or to surf the net/download any information that is deemed inappropriate for an educational environment.

Students not adhering to computer and study lab rules, written or verbal could be subject to having his or her privilege of using the lab revoked.

Students Signature

Date

STUDENT SUPPORT SERVICES - FINANCIAL AID INFORMATION FORM

Award Information

<u>Amount of Award</u>	<u>Amount</u>
Pell	\$ _____
Stafford Loan	\$ _____
Perkins Loan	\$ _____
State Based Loan	\$ _____
Employee Tuition Fee Waiver	\$ _____
SEOG	\$ _____
CWS	\$ _____
WIA	\$ _____
Tuition Assistance (Specify) _____	\$ _____
Other (Specify) _____	\$ _____

TOTAL AWARD \$ _____

The total established financial need for this student is: \$ _____

The total established unmet financial need for this student is: \$ _____

INCOME VERIFICATION:

This income information is documented from the student's official tax forms that are confidentially located and verified in the CCTC Financial Aid Office and it shows the annual income and family size for the above named student to be \$ _____ (income) and _____ (family size) respectively.

(Effective **January 31, 2017** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
8	\$61,980

For family units with more than eight members, add the following amount for each additional family member: \$6,270 for the 48 contiguous states, the District of Columbia and outlying jurisdictions.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

I understand that the TRIO Veterans Upward Bound Program is a federally funded program, and that this information is subject to review by Federal authorities if the VUB program to which I have applied is audited, and I will be held responsible for the certification made by my signature. I affirm that this information is true and accurate to the best of my knowledge.

Students Signature: _____

Date: _____

Staff Verification

The above information was reviewed and verified by:

TRIO Staff: _____

Date: _____

