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.

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### 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

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*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.*
**Central Carolina Technical College**
**Veterans Upward Bound Program**

**Application for Admission**
506 N. Guignard Drive
Sumter, SC 29150-2499
803.774.3331

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**Please type or print in black or blue ink.**

**PERSONAL DATA**

Legal Name: ____________________________ ___________________ ______________

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**

□ Black or African American □ Mexican American, Chicano

□ American Indian □ Native Hawaiian

□ Asian American □ Puerto Rican

□ Asia (Indian Subcontinent) □ White or Caucasian

□ Hispanic, Latino □ 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?

☐ Supplemental Instruction ☐ Networking Opportunities ☐ Financial Aid Assistance
☐ Transfer Assistance ☐ Academic/Personal/Career Counseling ☐ Supportive Workshops
☐ High School Diploma ☐ Financial Literacy Awareness ☐ 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)

☐ Language Competence & Skills ☐ Dependability/Reliability
☐ Math Competence & Skills ☐ Productivity
☐ Technical Competence & Skills ☐ Positive Attitude
☐ Managerial Skills ☐ Customer Service Skills
☐ Interpersonal Skills ☐ Positive Work Ethic
☐ Computer Competence & Skills ☐ Clerical Skills
☐ Other Skills: ___________________________ ___________________________

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

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Duties of Employment</th>
<th>Duties Included</th>
<th>Skills Acquired</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ Interviews ☐ Career Information
☐ Job shadowing ☐ Letters to business and professional organizations
☐ Books & Other references ☐ Internship
☐ Internet ☐ Job Fairs

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

<table>
<thead>
<tr>
<th>Career Title</th>
<th>Corresponding Career Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

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
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 ☐ Career Planning ☐ Financial Aid Information
☐ English Tutoring ☐ Study Skills Instruction ☐ VA Resources
☐ Reading Tutoring ☐ Counseling ☐ Time Management
☐ Science Tutoring ☐ Mentoring ☐ 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

<table>
<thead>
<tr>
<th>Amount of Award</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pell</td>
<td>$________</td>
</tr>
<tr>
<td>Stafford Loan</td>
<td>$________</td>
</tr>
<tr>
<td>Perkins Loan</td>
<td>$________</td>
</tr>
<tr>
<td>State Based Loan</td>
<td>$________</td>
</tr>
<tr>
<td>Employee Tuition Fee Waiver</td>
<td>$________</td>
</tr>
<tr>
<td>SEOG</td>
<td>$________</td>
</tr>
<tr>
<td>CWS</td>
<td>$________</td>
</tr>
<tr>
<td>WIA</td>
<td>$________</td>
</tr>
<tr>
<td>Tuition Assistance (Specify)</td>
<td>$________</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>$________</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$18,090</td>
</tr>
<tr>
<td>2</td>
<td>$24,360</td>
</tr>
<tr>
<td>3</td>
<td>$30,630</td>
</tr>
<tr>
<td>4</td>
<td>$36,900</td>
</tr>
<tr>
<td>5</td>
<td>$43,170</td>
</tr>
<tr>
<td>6</td>
<td>$49,440</td>
</tr>
<tr>
<td>7</td>
<td>$55,710</td>
</tr>
<tr>
<td>8</td>
<td>$61,980</td>
</tr>
</tbody>
</table>

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: ____________________