# **Application Checklist**



Name:
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Date	Initials	Initial Screen
		Application
		Request Copy of ID
		Request Copy of DD 214
		Request Copy of 1040 pg. 1-2, from most recent tax year
		Administrator
		12 page Application
		- VUB Contract
		- Stipend Policy
		-W-9
		- Income Verification Form
		- Copy of ID
		- Copy of DD 214
		- Copy1040 from most recent tax year
		Assessment (circle one) PERT TABE
		- Reading Score:
		- Writing Score:
		- Math Score:
		Director
		Interview with Director Date/Time:
		Director reviewed completed package
		- Eligible-accept into program
		-Eligible-place on wait list
		- Ineligible
		Comments:
		Academic Coordinator
		Interview with Academic Coordinator Date/Time:
		Individual Education Plan
		ComFit Learning Center Brief
		Entered in Blumen
		Picture Taken
		Received VUB T-Shirt Size:
		Received VUB Handbook Yes No
	•	Applicant Signature:
		Applicant dignature.



Name:
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DIRECTOR EVALUATION		Eligible		Ineligible	
Comments:					First Generation
					Low Income
					☐ Veteran
					☐ Academic Need
Director Signature:			Date:		
R	lobbie Gregg				☐ Intake Interview
ACADEMIC COORDINATOR	Eligible			neligible	Assessments
Comments:					☐ Academic Counseling
					Online Orien/Class
					DD214
					■ 1040/ Self Declare
Coodinator Signature			Date:		<b> </b>
Jo	hn Woods				ID ID



	P	APPLICATION	FOR SERVICES		
Name: Last, First, MI			DOB:	Date:	
Street Address:			City, State, Zip		
Phone 1:	Phone 1: Gender:		VUB may text message me. I understand that I am responsible for any charges from my carrier. Standard text rates may apply.		
Phone 2:	Marital Status	:			
E-mail Address: Ethnicity:		Applicant Signature			
Are you a US Citizen?			Did either one of your parents or guardians, who raised you, graduate from a 4-year college/university before you were 18?		
If no, Alien registration #:			gradate from a 1 year con	logo, university before you were 10:	
Did you serve at least 181 day o	of active duty?		Education benefit plan:		
Are you a Veteran?			Highest level of education:		
Branch of Service:			Credit hours accumulated:		
Date of Discharge:			Employment:		
Type of Discharge:					
Were you discharged with or currently have a service-connected			l disability?	Current rating:%	
Which Veters	ans Upward	Bound services	are you interested in? (ch	eck all that apply)	
Assessment of academic skills Assessment		Assessment o	f career interests	Academic refresher courses	
1		ith post-secondary school Mathematics			
plan	applications			Science	
GED completion		Information a	bout college degree plans	Reading/ Writing Computer	
Assistance with Financial	Aid	and programs		Skills	
Veterans' benefits applica	tions	Study Skills		Foreign Language	
Community/ veterans' ago supportive services referra		College visits	/ tours		
Other:					

After completing the Veterans Upward Bound program, what are your educational plans?				
There completing the vector				
Community College	GED only (no school after VUB)	Employment only		
Vocational / Technical School	College/ University	(no school after VUB)		
If you are planning to continue your ed	ducation what degree and/or course of study/pr	ogram are you interested in.		
	ward Bound program, hosted by Pensacola Statement of the Cormation provided in this application is accurate			
Applicant Signature	Date			
Applicant Signature  Confidentiality Statement: All information college officials only on a need-to-know basis	ram, the staff may include my name and/or picudent accomplishments and participation in V  Date  provided is kept confidential and is shared as. The following limits to confidentiality apply sclosed, or when records are legally subpoenas	among the VUB staff and other v: When child/elder abuse is		
Applicant Signature	Date			
knowledge, complete and accurate. I hereby a including Financial Aid, to share academic ar planning needs. I understand, in order to conf with other postsecondary institutions or organ	hat the information I have provided on this appround the VUB program and all other appround Financial Aid records that will help in assess firm or facilitate transfer and graduation, my insizations, such as the National Student Clearing appropriate in articles in the VUB newsletter.	opriate college departments, using my academic and career aformation may be shared by or ghouse. I also authorize the VUB		
Applicant Signature	Date			
religion, marital status, pregnancy, disability, s activities or employment. For inquiries regarding	against any person on the basis of race, ethnicity, sexual orientation, gender identity, or genetic in gritle IX and the college's nondiscrimination p 484-1759, Pensacola State College, 1000 College	formation in its educational programs, solicies, contact the Executive Director,		

### **VUB CONTRACT**



We are serious about helping you to reach your goals. In order for VUB to meet your needs effectively, it is important that you understand the role you play in reaching your educational goals. Please read, initial and sign the following terms and conditions of the Veterans Upward Bound program to demonstrate your understanding.

- I understand the requirements, as stated in the VUB Program information, necessary for stipend eligibility.
- All materials are property of Veterans Upward Bound
- VUB provides financial aid guidance, not assistance. We will help you with your search for financial assistance however; we do not have funds to pay for tuition, books or other school related materials.
- VUB provides academic advice; ultimately, it is your choice whether to listen to our advice.
- I understand that the VUB staff is available to provide support and assistance if an issue, problem or concern arises.
- I will complete all program requirements as outlined in my Individual Education Plan.
- I will not withdraw from the program before I meet with the Director.
- I will respect and have a positive attitude about staff, instructors, tutors, my fellow classmates, the campus community and myself.
- I will participate in VUB activities and encourage others to participate in activities in which they are invited to attend
- I will arrive on time for VUB events that I have signed-up to attend. If I am unable to attend the event, I will inform a VUB representative immediately.
- I will attend my scheduled classes on time and ensure that my name is on the attendance list. If I am unable to attend a class I will immediately contact a VUB representative to inform them of my absence and the reason for the absence.
- If I arrive late to class or leave class early, I will inform my instructor immediately.
- I will read and adhere to the syllabus for each class.
- I will try my best in each class.
- I will ask questions about the program, class or lesson if any information is unclear.

		•
Applicant Signature	Date	

#### STIPEND POLICY

Pensacola State College Veterans Upward Bound Program 1000 College Boulevard Pensacola, Florida 32504 (850) 484-2068 Fax (850) 471-4553



Effective 17 April 2017

Veterans Upward Bound (VUB) participants may qualify for a payment - called a stipend - for each term that they participate in the program. VUB will provide each applicant with a maximum stipend of \$40 per month (\$30 for class attendance and \$10 for event attendance), payable at the end of each eight-week term, dependent upon the applicant meeting the following requirements:

- All records and VUB forms must be complete. DD-214 (or the request for a copy) must be submitted and the VUB application, contract, and all other appropriate VUB forms must be completed and signed by the applicant.
- VUB applicants must......
  - Take both a pre test and post test (when scheduled) to assess academic progress.
  - Meet with a VUB Academic Advisor at least once a term as scheduled.
  - Attend a VUB sponsored Math, English, Science, Computer, or Foreign Language class
    - No more than two unexcused absences
    - Complete a total of eight hours of ComFit Online learning during the eight week term
  - —or— (if **not** possible to be scheduled for a VUB Class)
  - Use the ComFit Online Learning Center for at least 32 hours during the eight week term
  - -or-
  - Receive at least 32 hours of tutoring from VUB Tutors during the eight week term
- Applicant must maintain satisfactory progress and must complete all assignments. Satisfactory progress is determined based on the professional judgment of the Director, with input from Instructors, Academic Coordinator, and tutors.
- An applicant may also be eligible for a partial stipend for attending events if they have successfully completed a class the previous term.

### Payment of stipend

- The maximum amount awarded for each month is \$40.00 (\$30.00 class attendance and \$10.00 event attendance) and the maximum for each two-month term is \$80.00.
- Stipend checks will be mailed to your address approximately four weeks after the end of the term.
- Textbooks are the property of VUB and must be returned. Your last stipend check will be withheld or forfeited if textbooks are not returned upon withdrawal or completion of the program.
- Cashing your check in a timely manner is your responsibility. Stipend checks will be void 180 days after issue.

### This policy is subject to revision at any time.

I have read the VUB stipend policies and agree that it is my responsibility to know the policies and to attend scheduled meetings and classes.

Applicant Signature	Date
Staff Signature	Date



### Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
	2 Business name/disregarded entity name, if different from above			
Is on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.  ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)		
Print or type. Specific Instructions on	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners  Note: Check the appropriate box in the line above for the tax classification of the single-member ow  LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the or  another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a singli is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)		
eĊ.	Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)	
See <b>Sp</b>	, , , , , ,	Requester's name a	nd address (optional)	
	6 City, state, and ZIP code			
	7 List account number(s) here (optional)			
Par	Taxpayer Identification Number (TIN)			
backu reside	rour TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid withholding. For individuals, this is generally your social security number (SSN). However, for alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i> ter.	ta or	eurity number	
	f the account is in more than one name, see the instructions for line 1. Also see <i>What Name a</i> er <i>To Give the Requester</i> for guidelines on whose number to enter.	and Employer	identification number	
Par	II Certification			
Under	penalties of perjury, I certify that:			
<ol> <li>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</li> <li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> </ol>				
3. I an	a U.S. citizen or other U.S. person (defined below); and			
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is correct.		
you ha	cation instructions. You must cross out item 2 above if you have been notified by the IRS that you we failed to report all interest and dividends on your tax return. For real estate transactions, item 2 tion or abandonment of secured property, cancellation of debt, contributions to an individual retirement interest and dividends, you are not required to sign the certification, but you must provide your	does not apply. Fo ement arrangement	r mortgage interest paid, (IRA), and generally, payments	
Sign Here	Signature of U.S. person, ▶ D	)ate ▶		

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

### **INCOME VERIFICATION FORM**



Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions
1	\$22,590
2	\$30,660
3	\$38,730
4	\$46,800
5	\$54,870
6	\$62,940
7	\$71,010
8	\$79,080

What is you Family TAXABLE Income for 2021?	How many people are dependent of this income (include yourself)?	Did you file a tax return for the most recent tax year?

 $My \ signature \ below \ reflects \ that \ the \ information \ listed \ above \ is \ true.$ 

Signature	Date	



	Name:				
SUBJI	ECT	I	INFO	RMATION	
ENGLISH	<u> </u>		11(10)	<u> </u>	
MATH					
COMPUTER					
SCIENCE					
SPANISH					
COMFIT/TUTO	RING				
COLLEGE APPI	ICATION				
FAFSA/EOC					
WORKSHOP #1					_
WORKSHOP #2					
CULTURAL OU					
COLLEGE VISIT					
		VUB Aca	demic Map		
	Term 1		Term 2		
Course	Method	of Instruction	Course	Method	of Instruction
MAT 0001			MAT 0001		
MAT 0002			MAT 0002		
ENG 0001			ENG 0001		
ENG 0002			ENG 0002		
COM 0001			COM 0001		
COM 0002			COM 0002		
SCI 0001			SCI 0001		
SPN 0001			SPN 0001		
GED Assista Taking Tests Financial Aic Taking Notes Career Guida	Help Nonce C		How to Public Emple	Date	Goal Setting Test Anxiety Basic Needs Reading Skills Counseling
	Academic Coord	dinator Signature		Date	

NOTES
Individual Education Plan Notes:



Name	Phone	
	ACADEMIC COUNSELING	
DATE:	COUNSELOR:	STUDENT INTIALS:
NOTES:	•	
	ACADEMIC COUNSELING	
DATE:	COUNSELOR:	STUDENT INTIALS:
NOTES:		
	ACADEMIC COUNSELING	
DATE:	COUNSELOR:	STUDENT INTIALS:
NOTES:		



## REQUEST for STUDENT TESTING Referral Form

Legal Name:			5 41 1 11
Last	First		Middle
Pensacola State College Student ID:		Date of Birth:	(MM/DD/YEAR)
Please indicate the approp	oriate test requeste	ed with a checki	mark.
PERT: Parts of PERT Test Needed: All Parts Writing Reading Math		ertificate Program of Program:	
First Time Re-test	•	ate High School employment, WIA, o	etc.)
CPT: College Level Math	Other Test Referra	<u>al:</u>	
Other (accommodations)	Program:		
Other (accommodations)	Program:  ke the common placeme egardless of the scores	s, they shall not be r	equired to enro
Other (accommodations)  NOTE:  Exempt students may opt to tak need additional preparation. Rein developmental education. An education options.	Program:  ke the common placeme egardless of the scores n advisor can provide for	s, they shall not be rurther information o	required to enro in development
Other (accommodations)  NOTE:  Exempt students may opt to tak need additional preparation. Rein developmental education. An education options.	Program:  ke the common placeme egardless of the scores n advisor can provide for	s, they shall not be rurther information o	required to enro in development
Other (accommodations)  NOTE:      Exempt students may opt to take need additional preparation. Refin developmental education. An education options.  Student Signature:	Program:  ke the common placeme egardless of the scores n advisor can provide for	s, they shall not be rurther information o	required to enro
Other (accommodations)  NOTE:  Exempt students may opt to tak need additional preparation. Re in developmental education. An education options.  Student Signature:  REQUIRED COMMENTS:	Program:  ke the common placemegardless of the scores in advisor can provide for	they shall not be rurther information o  Date:  VUB	required to enro
Other (accommodations)  NOTE:  Exempt students may opt to tak need additional preparation. Rein developmental education. An education options.  Student Signature:  Exempt:  Exempt:	Program:  Ke the common placeme egardless of the scores in advisor can provide for	they shall not be rurther information of Date:  VUB  Admissions  Advising	required to enro