

University of Louisiana at Lafayette

Student Support Services Veterans Program Application

All information you provide will be held in confidence. Please complete the entire application accurately.
Specific information will be used to determine eligibility in specific programs.

1. NAME _____ CLID: _____
(last) (first) (mi)

2. ADDRESS: _____ HOME PHONE: _____
 _____ CELL: _____

3. AGE: STATUS: _____ Single _____ Married GENDER: _____ Male _____ Female

4. RACE/ETHNICITY: American Indian or Alaskan Native Asian Black or African-American
 Hispanic or Latino White Native Hawaiian or Pacific Islander

5. DATE OF BIRTH: _____

6. 🇺🇸 U.S. CITIZEN? Yes No 🇺🇸 VETERAN? Yes No **copy of DD214 required**

7. What is your college major? _____

8. I am filling out this application to obtain assistance in the following areas listed below (please check all that apply).



- Choosing a Major/Career Counseling
- Financial Aid: grants, loans, scholarships
- Tutoring/Study/Computer Lab
- Academic Counseling
- Health Problems
- Readmission from Special assignment
- Personal/Family Counseling
- Improving Study Skills
- University Policies and Procedures
- Getting a Job: on-campus, summer, etc.
- Other _____

MILITARY INFORMATION	FIRST GENERATION CRITERIA	Do either parent and/or person(s) that reared you have a 4-year college degree?						
				YES		NO		
	BRANCH OF SERVICE		Army	Air Force	Navy	Marines	Coast Guard	Merchant Marines
	TYPE OF DISCHARGE		Honorable	General	Other than Honorable		Dishonorable	
	ACTIVE DUTY	Length of time on Active Duty: _____						

Military credits transferred: _____

10. High School Attended: _____ GPA: _____ Year Graduated: _____

11. While attending high school, I participated in: **TALENT SEARCH:** Yes No **UPWARD BOUND:** Yes No

12. First semester and year enrolled at UL: FALL SPRING SUMMER 📅 YEAR: _____

13. Current Enrollment: Full-time Part-time

14. (optional) Do you have a documented disability? Yes No

15. Classification: FRESHMAN SOPHOMORE JUNIOR SENIOR

16. **Have you completed your financial aid application? _____ If so, did it indicate that you are pell eligible?**

How did you learn about the program? _____

I declare that the information reported on this application to the best of my knowledge and belief is true, correct and complete. The University of Louisiana at Lafayette and the U.S. Office of Education have my permission to verify the information reported. This includes a copy of my parents' or my Federal Income Tax Return or any other documentation for admission into this program. I also agree to furnish this documentation if requested.

Applicant's Signature (required): _____ Date: _____/_____/_____