

# APPLICATION FOR ADMISSION



Date: \_\_\_\_\_

High School: \_\_\_\_\_

Grade:  9  10

## STUDENT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
PO Box/Street City, State, Zip

Student Phone Number: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Ethnicity:  American Indian or Alaskan Native  Asian  Black  Hispanic or Latino  White  
 Native Hawaiian or Pacific Islander  More than one race

Language spoken at home:  English  Spanish  Other: \_\_\_\_\_

Gender:  Male  Female Birthdate (MM/DD/YY): \_\_\_\_\_

Citizenship:  US Citizen  Resident Alien  Non-resident Alien  Pending Citizenship

Social Security #: \_\_\_\_\_ Do you live with foster parents?  Yes  No

Do you plan to attend a college or university after graduation?  Yes  No

If "no," why? \_\_\_\_\_

If selected, would you attend Saturday, afterschool, and summer phases of the program?  Yes  No

List all after school educational, recreational, and work activities you are involved in:

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*\*\*Weekly tutoring and the summer program are requirements for Upward Bound participants.*

*If you have a medical condition the Upward Bound staff needs to be aware of, please let us know.*

## HOUSEHOLD INFORMATION

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Middle

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City, State, Zip

Highest Grade Completed:

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16

Name of college, if any: \_\_\_\_\_

Degree: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Middle

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City, State, Zip

Highest Grade Completed:

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16

Name of college, if any: \_\_\_\_\_

Degree: \_\_\_\_\_

My parents are:  Married to each other  Separated  Divorced  Single Parent

I live with:  Father Only  Mother Only  Both my Father & Mother  Other Relatives or Guardians

If you do not live with your parent(s), with whom do you live? \_\_\_\_\_

Please list the names of all persons living in your household and their relationship to you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## FAMILY'S ANNUAL INCOME

If applicant has foster parents, do not complete this section.

If you did not file a 1040 please explain why in the space below.

Please provide **taxable** income (not adjusted gross) in the space below **from the 1040 form on which the student is claimed**. If you filed the **1040, use line 43**; if you filed the **1040a, use line 27**; if you filed the **1040ez, use line 6**.

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	Last Tax Year
Father or Guardian	\$ _____
Mother or Guardian	\$ _____
Joint Return	\$ _____
Number of deductions claimed:	_____

## FAMILY INCOME INFORMATION

Please use information from previous tax return. Application cannot be processed if information is not completed.

Taxable Income: \$ \_\_\_\_\_ Total number of exemptions claimed on tax form: \_\_\_\_\_

Does family receive aid to families with dependent children (AFDC)?  Yes  No

If you do not file income tax, nor receive AFDC, please indicate the source and amount of income in the space below.

Source of Income: \_\_\_\_\_ Amount of Income: \_\_\_\_\_

Source of Income: \_\_\_\_\_ Amount of Income: \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION AND TAXABLE INCOME INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ELIGIBILITY FOR UPWARD BOUND IS BASED UPON THE RECEIPT AND ACCURACY OF THIS INFORMATION.

I COMMIT TO ENSURING PARTICIPATION AND TRANSPORTATION OF MY CHILD TO ATTEND SATURDAY TUTORING AND SUMMER PHASES OF THE PROGRAM.

THIS MUST BE SIGNED.

\_\_\_\_\_  
Signature of Parent or Guardian

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## FOR OFFICE USE ONLY

Date application signed: \_\_\_\_\_

Date applicant accepted to participate: \_\_\_\_\_

Date applicant certified as participant: \_\_\_\_\_

Eligibility:  Low-Income  First Generation

Academic need: \_\_\_\_\_

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## **AUTOBIOGRAPHY**

Write an autobiography, but don't repeat information you already provided elsewhere in this application. Include something about your interests, your plans, and your ambitions. Especially comment on your goals concerning your education after high school. Please be comprehensive so that we have a good understanding of you. If additional space is needed, use the back of this paper.

## **AUTHORIZATION AND RELEASE**

The personal information that you give to the Upward Bound Program is for the U.S. Department of Education. The information is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound Program or are specifically authorized to see it. The information is necessary to determine if your child is eligible to participate in the Upward Bound Program and helps the U.S. Department of Education to measure his/her success. The U.S. Department of Education has the authority to gather such information (20 USC 1231a). Your child is not eligible for any services from Upward Bound unless the information is given.

- I/We certify that all the information provided on this application is true and correct.
- I/We authorize my child's school to release records (report cards, transcripts, standardized test scores, ACT/SAT scores) to the Wilson Community College Upward Bound Program.
- I/We authorize the release and exchange of my child's financial aid information from colleges and federal government to Upward Bound.
- I/We understand that the completion of this application does not guarantee acceptance into the Upward Bound Program.

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Parent Signature

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Date

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Student Signature

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Date

**Thank you for applying!**

**All** sections of this application must be completed to be considered for Upward Bound.

## COUNSELOR RECOMMENDATIONS & STUDENT ASSESSMENT

Please complete the form and submit to the Upward Bound site coordinator or send to Upward Bound in a sealed envelope.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Academic Potential:

5 - Top One Percent     4 - Exceptional     3 - Above Average     2 - Average     1 - Below Average

### Academic Skills:

5 - Top One Percent     4 - Exceptional     3 - Above Average     2 - Average     1 - Below Average

### Social Development:

5 - Top One Percent     4 - Exceptional     3 - Above Average     2 - Average     1 - Below Average

Class rank: \_\_\_\_\_ Grade point average: \_\_\_\_\_ Curriculum: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

What services would you recommend this student receive? \_\_\_\_\_  
\_\_\_\_\_

Does this student have potential to enter a post-secondary education program?     Yes     No     Maybe

### I recommend this applicant for participation in the Upward Bound Program:

Not Recommended     Without Enthusiasm     Fairly Strongly     Enthusiastically

Please attach the student's transcripts and standardized test scores/profile.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TEACHER RECOMMENDATIONS & STUDENT ASSESSMENT

Please complete the form and submit to the Upward Bound site coordinator or send to Upward Bound in a sealed envelope.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Academic Potential:

5 - Top One Percent     4 - Exceptional     3 - Above Average     2 - Average     1 - Below Average

### Academic Skills:

5 - Top One Percent     4 - Exceptional     3 - Above Average     2 - Average     1 - Below Average

### Social Development:

5 - Top One Percent     4 - Exceptional     3 - Above Average     2 - Average     1 - Below Average

Comments: \_\_\_\_\_

What services would you recommend this student receive? \_\_\_\_\_

Does this student have potential to enter a post-secondary education program?     Yes     No     Maybe

I recommend this applicant for participation in the Upward Bound Program:

Not Recommended     Without Enthusiasm     Fairly Strongly     Enthusiastically

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date