



UPWARD BOUND PRE-COLLEGE PROGRAM APPLICATION FOR ADMISSION

Upward Bound Pre-College Program • One Camino Santa Maria St. • San Antonio Texas • 78228-8589 • (210) 436-3206 • FAX (210) 431-5068

PLEASE TYPE OR LEGIBLY PRINT IN INK.

SECTION A. Applicant's Personal Information

Date Social Security #	t Name				
		Last	First	Middle	Nickname
Address	City & State		Zip Code	Telephone ()
E-Mail Address	HomePh	one ()		_ Cell Phone ()	
High School:		_ Grade Level:	□ 9 th □ 10 th	□ 11 th □ 12 th	□ Other:
Overall Grade Point Average	Class Rank	out of			
Age: Date of Birth:	Place of Birth (<i>City & State</i>):			Country of B	Birth
Are you a U.S. citizen? 🛛 Yes 🛛	□ No If you are not a	U.S. citizen, are y	/ou a permane	nt resident of the U	.S.? 🗆 Yes 🗆 No
If you are a permanent resident of t	he U.S, please indicate your U.S	. Citizenship and	Immigration S	ervices (USCIS) #:_	
(The following information is require	ed for aovernment reportina pu	rposes only and is	s not considere	ed in determining el	liaibility for participation.

Will you require any special accommodations for a physical or other limitation(s)? 🗆 Yes 🗆 No 🛛 If yes, please explain:______

Sex:
Female
Male Ethnic/Racial Background:

Is there an ARD or IEP report on file for you at your school? 🗆 Yes 🖾 No 🛛 If yes, please explain your needs for services_____

SECTION B. Applicant's Educational Background

List most recent high school grades received.

SUBJECT	GRADE	SUBJE	
1. 2. 3. 4.		5 6 7 8	
List your current high school schedule.			
SUBJECT 1. 2. 3. 4. 5. 6.			TEACHER ROOM
 7			
4-Yr College Degree	No further		
4-Yr College Degree and Advanced Degree	Marriage		
Vocational, Technical or Trade School Military	Other <i>(Exp</i> Undecided	lain):	
List clubs, activities, or organzations in which you curre	ntly participate includir	ng but not limited to Gear U	o or Project STAY
If you have received any awards or honors (such as per	fect attendance, honor	roll, etc.), please indicate:_	

If you have any hobbies, special talents and/or abilities, please specify:___

Please list any volunteer or community service:_

Do you work?
Yes No If yes, give place of employment:

_____ Number of hours you work each week:__

If selected for enrollment in Upward Bound, will your employment interfere with your participation during either the *academic year* or *summer* session?
Ves No

What career(s) are you considering?___

In what subject(s) do you need the most help?

Have you passed all sections of STAAR? 🛛 Yes 🗌 No 🛛 List all sections of STAAR that you need to pass:____

Why would you like to be selected for participation in Upward Bound?_

If selected for participation in Upward Bound, describe ways that you are willing work to get the most out of the program:_

Describe your academic need for the services offered by Upward Bound:_

Are there any circumstances that might interefere with your regular participation in Upward Bound on Saturday afternoons during each school year and for sixs weeks (Monday through Friday) each summer until high school graduation? \Box Yes \Box No If yes, please explain:______

If selected for participation in Upward Bound, are you willing to make a commitment to attend all activities on a regular basis during **both** the school year and each summer until high school graduation? \Box Yes \Box No

If selected for participation in Upward Bound, are you willing to make a commitment to attend college as a full-time student immediately following high school graduation and remain enrolled in college until graduation? \Box Yes \Box No

If selected for participation in Upward Bound, are you willing to make a commitment to complete the program and not to dropout of either high school or Upward Bound? Yes No

If selected for participation in Upward Bound, are you willing to abide by all policies and procedures including but not limited to the dress code?

Our aim is to get to know you as well as possible through this application. With this in mind, write one paragraph or more on the topic below. Use additional paper if necessary.

To help us better get to know you, please write one paragraph in the space below and tell us about yourself, your interests, values, goals in high school, and/or immediate plans after high school graduation. You may wish to share what is important to you in life and why.

SECTION C. Family & Financial Information (To be completed by the applicant's parents or guardians)

Name of Father or Male Legal Guardian	
Specify relationship to you: Father Stepfather Grandfather Other:	
Home Address City & State	Zip Code
Home Telephone () Work Telephone ()
Occupation Place of Employment	
Highest level of education completed:	
□ Elementary or middle school □ High school or GED □ Some college, no degree □ Bachelor	's (4 Yr.) degree or beyond
Name of Mother or Female Legal Guardian	
Specify relationship to you: Mother Stepmother Grandmother Other:	
Home Address City & State	Zip Code
Home Telephone () Work Telephone ()	
Occupation Place of Employment	<u>-</u>
Highest level of education completed:	
\Box Elementary or middle school \Box High school or GED \Box Some college, no degree \Box Bachelor's	s (4 yr.) degree or beyond
Total number in family living at home: Number of Adults + Number of Children =	Total # of Persons
List all dependents who live in your household and are eligible to be claimed by parents/guardians as income tax e	exemptions.
	CE OF EMPLOYMENT
(01)	
(02)	
(03)	
(04)	
(05)	
(06)	
(07)	
(08)	
(00)	
(09)	

Indicate parent(s)'/guardian(s)' annual taxable income below as reported on the income tax return for the most recent tax year filed.

NOTE: If your family received any taxable income from wages or salaries, a copy of all pages of parent(s)' or legal guardian(s)' most recent IRS Form 1040, 1040A, 1040 EZ filed <u>must</u> be submitted with this application; the IRS tax form <u>must</u> be signed by the parent(s) or guardian(s). If the family received non-taxable income during the most recent, complete tax year, a copy of the most recent letter of elibigility from the agency that provides assistance <u>must</u> be submitted with this application.)

	GROSS ANNUAL INCOME	ANNUAL TAXABLE INCOME (Line 43 on IRS Form 1040; Line 27 on IRS Form 1040A; or Line 6 on IRS Form 1040EZ)
Father/Male Guardian	\$	\$
Mother/Female Guardian	\$	\$
Joint or combined Income from Wages	\$	\$
ANNUAL NON-TAXABLE INCOME FROM OTHER SOURCES Social Security	\$	\$
TANF	\$	\$
V.A. Benefits	\$	\$
Pensions	\$	\$
Child Support	\$	\$
Other:	\$	\$

If you or your family has any unusual circumstances that you'd like for Upward Bound to take into consideration, please explain:____

ist any members of your family who have completed a college university, or other postseconda

	NAME		RELATIONSHIP		
		have participated ir			
	NAME			RELAT	IONSHIP TO APPLICANT
information may be	used for follow-u	up and emergency no	tification purposes	·	ys know of your whereabouts. Thi
Name					
Address				City & State	Zip Code
Home Telephone ()	Cell Phone ()	Work Phone ()	E-Mail
Name				Relationship	
Address				City & State	Zip Code
Home Telephone ()	Cell Phone ()	Work Phone ()	E-Mail
Name				Relationship	
Address				City & State	Zip Code

PARENTAL/GUARDIAN COMMITMENT OF SUPPORT FOR EDUCATIONAL GOALS

Cell Phone (

To achieve its purpose of generating the skills and motivation necessary for participants to successfully complete high school and graduate from college, the St. Mary's University Upward Bound Program must have a positive working relationship with the parents or guardians; that is, the St. Mary's University Upward Bound Program and parents or guardians must become educational partners. Accordingly, the parents or guardians of participants are expected to attend occasional programs to support the educational goals of their son or daughter as well as support full compliance with the program's policies and procedures as a condition of your son or daughter.

Please indicate whether support that may be expected for the educational goal of college graduation for your son or daughter if he or she is selected for participation from parents/guardians: Father or Male Guardian: 🗌 Yes 🗌 No Mother or Female Guardian: 🗌 Yes 🗌 No

ELIGIBILITY STATEMENT

Home Telephone (

I hereby acknowldge that I understand that selection for participation in the St. Mary's University Upward Bound Program is competitive. I further understand the eligibility requirements and expectations to be considered for participation in the Upward Bound Program at St. Mary's University which include:

Work Phone (

)

E-Mail

- ability to demonstrate academic potential to succeed in college;
- ability to demonstrate academic need for services;
- ability to attend instructional and other activities on a regular basis;
- ability to demonstrate responsible character;
- willingness to accept responsibility; ability to demonstrate adequate family support for the educational goals of applicant that include graduation from college;

)

- enrollment in a target high school served by the St. Mary's University Upward Bound Program;
- enrollment in the 10th or 11th grade at the time of entry in Upward Bound;
- between the ages of 14 and 21;
- ability to demonstrate U.S. citizenship or status as a legal U.S. resident; and
- provision of adequate documentation to verify that family income meets with low-income guidelines.

AGREEMENT

I hereby grant permission for my son or daughter to paricipate in all educational activities required by the St. Mary's University Upward Bound Project if he or she is selected for admission. I give consent to the high school and district attended by my son or daughter to release transcripts to Upward Bound; in addition, I give permission for Upward Bound to obtain high school transcripts including any educational records that pertain to my son's or daughter's academic progress upon subsmission of his/her applications for enrollment in Upward Bound and throughout my son's or daughter's enrollment in high school and following graduation. I understand that this information is protected by the Family Educational Rights and Privacy Act. This information is necessary to determine whether applicants are eligible to participate in Upward Bound and helps the program and federal government to measure the academic preparation of

participants. The U.S. Department of Education has authority to gather information to help make Upward Bound a better program. I also agree that my son or daughter must meet full compliance with, and abide by, all policies, regulations, guidelines, code of conduct and procedures established by the St. Mary's University Upward Bound Program and that the program reserves the right to withdraw privileges from my son or daughter at any time including discontinuation of participation in Upward Bound; in the event of a dispute, I understand and agree that the decision of the Upward Bound Director is final and may not be contested. As a parent/guardian, I will fully support the goals of the program and agree to help my son or daughter to attain these goals. Recognizing that Upward Bound will do everything in its power to supervise participants during project sponsored activities, I agree to release St. Mary's University, the Upward Bound Program, and their personnel from all legal liability in the event that my son or daughter is involved in any accident, injury, or other misfortune. I give permission for the Upward Bound Program at St. Mary's University to take and display individual or group photos that include my son or daughter on the program's publications and/or web page.

I further verify that all information reported on this application is true and correct to the best of my knowledge. I agree to provide, if requested, any documentation necessary to verify information reported on this application. I understand and give consent for information reported on this application to be sent to the U.S. Department of Education. Upward Bound is funded by the U.S. Department of Education.

Date	Signature of Student		Date	Signature of Parent / Legal Guardian
		DO NOT WRITE BELOW THIS LINE		
For office use only:		Action taken on application:		
		Accepted		
Family Size		Ineligible		
Federal Criteria	\$	Pending		
Annual Taxable Income:	\$	Comments (Optional):		
Is Applicant a First Generation Student?	🗆 Yes 🗆 No			
Does family income meet federal criteria?	🗆 Yes 🗌 No			

Signature of Staff Verifying Information Reported on Application