



# UPWARD BOUND PROGRAM

## New Student Application

JoAnn Webber, *Administrative Assistant*, 502-597-5525

PLEASE WRITE IN BLUE OR BLACK INK. DO NOT USE A PENCIL.

TODAY'S DATE: \_\_\_\_\_

### STUDENT PERSONAL INFORMATION \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

WHAT IS YOUR ETHNIC BACKGROUND: *Please select all that apply*

African American  Caucasian  Asian  Native American  Hispanic  Other \_\_\_\_\_

Are you a U.S citizen?  YES  NO

If you are not a U.S. Citizen are you a Permanent Resident?  YES  NO  Other \_\_\_\_\_

Is student affiliated with another Trio or Federally funded program (ETS, UB, UB Math/Science or Gear Up)? If so, what is the name of the program? \_\_\_\_\_

Name of Present School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

### PARENT/GUARDIAN PERSONAL INFORMATION \_\_\_\_\_

Name of Mother or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_

CHECK HIGHEST LEVEL OF EDUCATION:

Grade School (1-8)  High School (9-12)

GED  College (2 year)

College (4 year)  Technical School

Graduate School

Name of Institution \_\_\_\_\_

\_\_\_\_\_

Name of Father or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_

CHECK HIGHEST LEVEL OF EDUCATION:

Grade School (1-8)  High School (9-12)

GED  College (2 year)

College (4 year)  Technical School

Graduate School

Name of Institution \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL INFORMATION**

NOTE – *In order for this application to be processed, the following information must be included with the application as it applies to your individual circumstances.*

Father's Annual Income \$ \_\_\_\_\_ Mother's Annual Income \$ \_\_\_\_\_  
*(Proof of income is required from the person in which the child resides with, please provide current year tax return.)*

HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD  
 ACCORDING TO YOUR MOST RECENT TAX RETURN? \_\_\_\_\_

DOES YOUR CHILD RECEIVE FREE OR REDUCED LUNCH?  Free  Reduced  
*Documentation from school is required.*

PLEASE SELECT BOX(ES) THAT APPLY TO YOUR FAMILY SITUATION:

- Parents married  Father remarried  Father deceased  Parents separated
- Mother remarried  Mother deceased  Parents divorced  Single parent household
- Ward of the state of Kentucky

We *(student and parent)* certify that all the information provided in this application is correct.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**TEACHER RECOMMENDATION**

*Please complete two teacher recommendations immediately and return them with a copy of the student's schedule, available test scores, and most recent report card.*

Student Name: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Teacher Name: \_\_\_\_\_  
 Subject of Expertise *Ex. Math:* \_\_\_\_\_  
 Your signature: \_\_\_\_\_  
 Date \_\_\_\_\_

FOR EACH CHARACTERISTIC BELOW, PLEASE CHECK APPROPRIATE RATING:

Characteristic	Excellent	Good	Average	Poor	No basis to judge
Sense of responsibility					
Level of academic motivation					
Level of maturity					
Level of social skills					
Cooperation with authority					
Behavior (rate)					
Desire to succeed					
Attendance					

Student Name: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Teacher Name: \_\_\_\_\_  
 Subject of Expertise *Ex. Math:* \_\_\_\_\_  
 Your signature: \_\_\_\_\_  
 Date \_\_\_\_\_

FOR EACH CHARACTERISTIC BELOW, PLEASE CHECK APPROPRIATE RATING:

Characteristic	Excellent	Good	Average	Poor	No basis to judge
Sense of responsibility					
Level of academic motivation					
Level of maturity					
Level of social skills					
Cooperation with authority					
Behavior (rate)					
Desire to succeed					
Attendance					

**Please return the completed form to:**

**JoAnn Webber**  
 Upward Bound  
 Kentucky State University  
 400 East Main Street  
 ASB RM 519  
 Frankfort, KY 40601

**For more information, please call**

JoAnn Webber at (502) 597-5525 *(office)* (502) 597-5502 *(fax)*

*Funded by the United States Department of Education with a grant of \$250,000.00.*

I give permission for the UB staff to continue to track my academic status and academic performance in the event that I drop out of the program regardless of the reason as well as in the event that I graduate from high school and enroll in college. I understand the purpose of tracking my academic performance after leaving the program or graduating from high school is for federal reporting purposes and the program may use any qualifiable third party tracking company such as National Clearinghouse.

Student Signature and Date \_\_\_\_\_  
 Parent Signature and Date \_\_\_\_\_

**OFFICE USE ONLY**

**Participant Eligibility Status (circled):**

1st Generation Low Income 1st Generation & Low Income  
 At Risk for Academic Failure based upon:

- Test Scores  Pre-Algebra  GPA below 2.5

**Date of Acceptance** \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_