

Upward Bound Parent Questionnaire

Applicati	ion to be completed by applicant's	parent or gua	ardian.				
Date:		Exp	ected Gradua	tion Date:			
How did	you hear about the Upward Bound	d Program?					
A. PER	RSONAL INFORMATION (S	TUDENT A	<u>APPLICATI</u>	ON)			
	LAST NAME:		_FIRST:			MI:	
	SOCIAL SECURITY #:/	/	SEX:	AGE:	DATE of	BIRTH:	
	SCHOOL:			GRADE:	8 9	9 10	11 12
	(please circle) ETHNIC BACKGROUND (optional) () Native Hawaiian/Pacific Islander) Am. Indian/Alaskan Native () Hispanic) Asian () White) African American () Other J.S. Citizen Yes No If no, Green Card #:						
	With whom are you living? () E Physically Challenged: Yes (please	No	() Father If yes, pleas				
B. PER	RSONAL INFORMATION (P						
	ADDRESS:				<u> </u>		
	CITY:		STA	TE:	ZIP:		
	HOME PHONE: WORK/CELL:						
	EMAIL ADDRESS (if applicable)_				_		
C. EDU	UCATIONAL INFORMATIO			IAN)			
	please check the highest education	onal level com	pleted				
Father:	Mothe Less than High School High School Graduate Some College Hours Two-Year College Degree Four-Year College Degree Higher than Four-Year Degree	Less that High Sch Some Co Two-Yea Four-Yea	n High School lool Graduate bllege Hours r College Deg ar College Deg lan Four-Year	H Saree Togree F	: ess than Higl ligh School G tome College wo-Year Coll our-Year Col ligher than Fo	Graduate Hours lege Degre llege Degre	ее

(OVER)

Number in household who completed college/vocational school: _

Upward Bound Parent Questionnaire (continued)

D. DEPENDENTS		
Please list all of the persons living in your hom	e that you claimed a	s dependents on your most recent tax
tax forms. NAME:	AGE:	RELATIONSHIP TO YOU:
E. EMPLOYMENT INFORMATION		
EMPLOYER:		JOB TITLE/DESCRIPTION:
MOTHER:		
GUARDIAN:		
E. FINANCIAL INFORMATION		
1 - Total <u>taxable</u> (not gross) family incom	ne \$	
2 - Were you required to file a federal inc	ome tax report?	YES NO
3 - Please indicate the amount of income the following sources:	you received this	(please circle) past year from
Soc. Sec. Benefits: \$ TANF Benefits: \$	Vet	erans Benefits: \$SSI Benefits: \$
Please include a copy of yo	our most recent fed	eral tax forms.
It will be used as a v	erification of your inc	ome.
PLEASE NOTE : The information contained in this application	is for the use of t	he Upward Bound Program
I,, certify that the above (print name)	information is true to	the best of my knowledge.
Signature of Parent of Guardian		Date
		FOFFICE USE ONLY
	:	Student referred by:
	Nic	Date Received:
	No	tes: