

# UPWARD BOUND

University of Washington

## STUDENT APPLICATION FORM

|  |   |
|--|---|
| <i>For UB Office Use Only:</i><br>Entry GPA -<br>8th Grade GPA - | <i>For UB Office Use Only:</i><br>EDUCATION -<br>INCOME - |
|--|---|

### PART I

**NOTE:** The personal information you give to the Upward Bound Director is provided to the federal government (Office 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 the information. The information is necessary to determine if you are eligible to participate in the program. If you do not give this information to the Upward Bound Program and the Office of Education, you cannot receive any benefits from the program.

1. Student's Name \_\_\_\_\_  
Last First Middle
2. \_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip
3. High School \_\_\_\_\_
4. Grade Level \_\_\_\_\_
5. Gender: \_\_\_\_\_
6. Phone Number: (\_\_\_\_) \_\_\_\_\_
7. Message/Cell Number:  
(\_\_\_\_) \_\_\_\_\_
8. Student E-Mail Address: \_\_\_\_\_
9. Age: \_\_\_\_\_
10. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day year
11. Ethnicity: \_\_\_\_\_
12. Middle School you attended: \_\_\_\_\_  
School Name, City & State
13. Name of father/guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Father's email address if available: \_\_\_\_\_ Employer: \_\_\_\_\_  
Mailing Address (if different from above):  
\_\_\_\_\_ Work Phone #  
(\_\_\_\_) \_\_\_\_\_
14. Name of mother/guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother's email address if available: \_\_\_\_\_ Employer: \_\_\_\_\_  
Mailing Address (if different from above):  
\_\_\_\_\_ Work Phone #  
(\_\_\_\_) \_\_\_\_\_
15. Total number of people in household: \_\_\_\_\_ Number of people under 21 years old living at home: \_\_\_\_\_
16. Does the student have any medical or special needs problems we should be aware of?  
\_\_\_\_\_

17. Whom should we contact in an emergency?

\_\_\_\_\_  
Name Relationship ( ) Phone 1 ( ) Phone 2

18. **EDUCATION BACKGROUND**

**Please mark appropriate box:**

Highest level or degree your Father completed:

( ) Unknown ( ) Middle school/Jr. High ( ) High school ( ) A.A./A.S. ( ) B.A./B.S. ( ) Other  
2-year degree 4-year degree

Last school attended by Father: \_\_\_\_\_ Country: \_\_\_\_\_

Highest level or degree your Mother completed:

( ) Unknown ( ) Middle school/Jr. High ( ) High school ( ) A.A./A.S. ( ) B.A./B.S. ( ) Other

Last school attended by Mother: \_\_\_\_\_ Country: \_\_\_\_\_

**INCOME INFORMATION**

19.

In order to establish student eligibility for the Upward Bound program, we need to know the household's **annual** taxable income.

Wages and Salary: \$ \_\_\_\_\_ (before taxes)

Retirement Benefits: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_

Public Assistance: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
(example: DSHS, SSI, etc.)

Our **taxable income** for the past year was: \$ \_\_\_\_\_

**ATTACH A COPY OF YOUR TAX FORM 1040, 1040A or 1040EZ INCOME TAX FORM. If not filing Income Tax Returns and receiving state assistance, please submit proof such as copy of DSHS welfare or SSI Income Verification Forms.**

20. Student's Birthplace: \_\_\_\_\_  
City State/Country

21. **Student's** Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 22. SPS Student ID # \_\_\_\_\_

23. Student's 8th grade CUM GPA: \_\_\_\_\_

24. **If the student is not born in the U.S.A. please complete A or B below:**

A. Naturalized Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Granted: \_\_\_\_\_

B. Permanent Resident: Yes \_\_\_\_\_ No \_\_\_\_\_ Alien Number: \_\_\_\_\_

**\* Acceptance is dependent upon submission of required proof of residency documents.**

**Permission to Release Student Information**

I voluntarily agree that the University of Washington's Upward Bound Program may receive information from any secondary or post-secondary institution regarding my educational records. I know that student records are confidential, as assured by the Family Education Rights and Privacy Act of 1974. However, I recognize that Upward Bound has a valid need to follow up on my academic record by obtaining information about my enrollment status in high schools and colleges, my grades and credits, my academic standing, and the completion of any degree.

\_\_\_\_\_  
Signature of Student Date

SPS Source Log-in: \_\_\_\_\_ Source Password: \_\_\_\_\_

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

**(Signature must be in ink for this application to be complete.)**



### PART III

Upward Bound is a federally funded program that has two major goals: to encourage and assist students to graduate from high school, and to prepare students to enter and complete a postsecondary education program. The UW/UB program started in 1984 and serves low-income and/or first generation college-bound students from Cleveland, Franklin, and until 2009, Nathan Hale High Schools. UW/UB admits students as 9th and 10th graders and prepares them for college through intensive 6-week summer college prep classes held on the UW campus, and through college campus visits, cultural and educational field trips, academic advising and counseling.

During the academic year, UW/UB offers math tutorial, research and writing classes, SAT Prep classes, and for graduating seniors, one-on-one assistance with college applications, financial aid, and scholarship search.

### COUNSELOR or TEACHER RECOMMENDATION

Student's Name \_\_\_\_\_ Grade level \_\_\_\_\_

School \_\_\_\_\_

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Please use the space below to outline briefly the reasons you have for recommending this student for placement in the University of Washington Upward Bound Program (attach an additional page if necessary but be sure to complete the checklist at the bottom and provide your signature).

### CHECKLIST FOR COUNSELOR or TEACHER

Why do you think UW Upward Bound would be an appropriate activity for this student? Please indicate this student's specific academic need by checking the appropriate box(es) below.

- |   |  |
|---|--|
| <input type="checkbox"/> Credit deficient             | <input type="checkbox"/> Improve writing skills  |
| <input type="checkbox"/> Low standardized test scores | <input type="checkbox"/> Exposure to College Environment                                   |
| <input type="checkbox"/> Improve reading skills       | <input type="checkbox"/> Other (i.e. special needs, special circumstances) Please specify. |

Signature \_\_\_\_\_ Position or Title \_\_\_\_\_ Date \_\_\_\_\_

REV: 12/2008