



UPWARD BOUND PROGRAM
West Hills College, Coalinga
Program Application



Today's Date: _____ Application Deadline: _____

Personal information you provide to the Upward Bound Director is sent to the Federal Government. Information is protected by the Privacy Act. No one may see the following information unless they work with or for the Upward Bound Program or are specifically authorized. This information is necessary to determine if your child is eligible to participate in the Upward Bound Program and helps the Government to measure his/her success. The U.S. Office of Education has the authority to gather information (20 USC 123 1a).

SECTION A: TO BE COMPLETED BY THE STUDENT

A1. Student Information

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____ Town: _____ Zip Code: _____

P.O. Box (if applicable): _____ Town: _____ Zip Code: _____

Home Phone: (____) _____ Social Security Number: _____

School: _____ School Counselor: _____

Grade: 9 10 11 12 Gender: Male ___ Female: ___ Date of Birth: _____

Are you a U.S. Citizen? YES ___ NO ___ IF NO, PLEASE INCLUDE A PHOTO COPY OF ALIEN CARD

SECTION B: TO BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN

B1. Parent/Guardian Information

Mother's/Guardian's Name: _____ Occupation: _____

Work Phone Number: (____) _____

Father's/Guardian's Name: _____ Occupation: _____

Work Phone Number: (____) _____

Table with 3 columns: Please indicate highest grade level completed:, Mother/Guardian, Father/Guardian. Rows include Elementary (k-8), High School (9-12), No college degree, 2 year college degree, 4 year college degree.



B2. Household Information

Number of persons living in the household: _____

List **ALL** persons living in the household, include those not dependant on household income. If you need more space, attach a separate piece of paper. The number of people listed **MUST** equal the number above.

NAME

RELATIONSHIP TO APPLICANT

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

B3. Household Income Information

Do you receive Social Security? _____ YES _____ NO

If yes, complete the enclosed Social Security verification and include a copy of your latest Social Security benefits printout.

Do you receive AFDC/Welfare? _____ YES _____ NO

If yes, please attach a copy of your latest check stub. Please include your social worker's name and case number.

Did you file an income tax return this year? _____ YES _____ NO

If yes, attach a copy of your SIGNED 1040 or 1040A tax return form.

If no, please fill out and return the attached Parent's Income Verification Form.

B4. Income & Residency

Dear Parent:

Please provide us with a copy of the following Items:

- 2004 1040 Income Tax Return or Income Verification Form
- Copy of your son/Daughter's Social Security Card or Legal Residency Card

(APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION)

SECTION C: TO BE COMPLETED BY THE STUDENT'S PARENT OR GUARDIAN

I, the undersigned, declare under penalty of perjury that all information reported on the application is true to the best of my knowledge.

Last Name: _____ First Name: _____ M.I. _____

Parent/ Guardian Signature: _____ Date: _____

NOTE: West Hills College, Coalinga Upward Bound Program ensures that participants will be considered without regard to race, color, national origin, gender and/or persons with disabilities.



SECTION E: TO BE COMPLETED BY THE STUDENT & STUDENT'S PARENT/GUARDIAN

E1. Authorization for Academic Records/Transcript Release

I give _____ High School permission to release information to the Upward Bound Program at West Hills College, Coalinga.

E2. Upward Bound Program Tracking Service

I understand that the college tracking of former Upward Bound participants is required by the United States Department of Education to determine the effectiveness of the Upward Bound Program.

I agree to participate in the college tracking services of the Upward Bound Program at West Hills College, Coalinga.

I authorize the Upward Bound Project to have access to and receive copies of my academic records throughout my post-secondary education. I understand that these records will be held in confidence.

Student Information

Last Name: _____ First Name: _____ M.I. _____

Social Security Number: _____ Birth Date: _____

Student Signature: _____ Date: _____

Parent/Guardian Information

Last Name: _____ First Name: _____ M.I. _____

Parent/ Guardian Signature: _____ Date: _____