

UPWARD BOUND PROGRAM PARTICIPANT APPLICATION

Please type or print in blue or black ink. (Please do NOT use white-out!)

STEP 1: Student, please answer the following questions about yourself.

a. What is your **name**?

Last Name

First Name Middle Initial

b. What is your **mailing address**?

Street Address Apt. #

City State ZIP

c. What is your **home phone number**?

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d. What is your **cell phone number**?

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e. What is your parents' **cell phone number**?

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- Mother
- Father

f. What is your **e-mail address**?

STEP 2: Student, please answer the following questions about yourself.

a. What is the name of your **school**?

b. What **grade** are you in?

th

c. What is your **student ID number**?

d. What is your **social security number**?

VOID

e. What is your **birthdate**?

/ /

Month Day Year

f. Are you **Hispanic** or **Latino**?

- YES
- NO

g. What is your **race**?

(Please check all boxes that describe you.)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

h. What is your **gender**?

- Female
- Male

STEP 3: Student, please answer the following question about yourself.

a. Are you a U.S. citizen?

- YES
- NO, but I am a Permanent Resident.
My Permanent Resident Alien Number is:

A

- NO; I am not a U.S. citizen and I am not a permanent resident.

STEP 4: Student, please answer the following questions about your parents and about yourself.

a. Has your mother received/earned a baccalaureate/4-Year degree?

- YES
- NO

b. Has your father received/earned a baccalaureate/4Year degree?

- YES
- NO

c. Which parent do you regularly reside with and receive support from?
(Please check only one box.)

- Both Mother and Father
- Mother only
- Neither Mother nor Father
- Father only

STEP 5: Student, please answer the following questions about yourself.

- a. Are you married? YES NO
- b. Do you have children or other dependents (other than a spouse) who receive more than half of their support from you? YES NO
- c. Are you an orphan, in foster care, or a ward of the court? YES NO
- d. Are you an emancipated minor or do you have a court-appointed legal guardian? YES NO
- e. Are you less than 18 years of age and have no parent or guardian? YES NO
- f. Are you homeless (i.e., you lack a fixed, regular, & adequate nighttime residence) or are at risk of becoming homeless? YES NO

STEP 6: You (the student) must answer the following questions about yourself if you are at least 24 years old or you answered YES to any question in STEP 5. Your parent(s) must answer the following questions about themselves if you are less than 24 years old and you answered NO to all questions in STEP 5.

- a. What is the total **number of persons** (including you) in your family unit? [][]
- b. What was your family's **taxable** (not total) income from the last calendar year? My family's **taxable** (not total) income from the last calendar year was: \$ [][][] , [][][] . 0 0
- Note: Taxable income can be found on the federal income tax return. On IRS Form 1040, see line 43. On IRS Form 1040A, see line 27. On IRS Form 1040EZ, see line 6.
- (Please check only one box. Then, provide the requested income information.) My family did not file a federal income tax return for the last calendar year. My family's total income from the last calendar year was: \$ [][][] , [][][] . 0 0
- My family had no taxable income during the last calendar year.

STEP 7: You (the student) must read the following statement and then sign and date below it. If you (the student) are less than 24 years old and answered NO to all the questions in STEP 5, your parent or legal guardian must also read the following statement and then sign and date below it.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student's official academic records to the TRIO Upward Bound (UB) Project at Texas A&M University-Corpus Christi, understanding that the information in these records will be used only to assess the student's need for TRIO program services, discern the student's educational progress, evaluate the effectiveness of TRIO program activities, and fulfill TRIO program-reporting requirements. Finally, I authorize UB Project to use the student's name, statements and likeness, without charge, for promotional purposes in the project's publications, advertising, video, and other formats.

_____ / /
Student's Signature **Date**

_____ / /
Signature of Student's Parent or Legal Guardian **Date**

FOR OFFICE USE ONLY	The 20 _____ federal TRIO programs annual low-income level for a family unit with _____ members is:	\$ [][][] , [][][] . 0 0
<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Not Recommended Reason: _____ _____ Advisor (Print Name) _____ / / 21 Advisor (Sign & Date)		<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Not Recommended Reason: _____ _____ Director (Print Name) _____ / / 21 Director (Sign & Date)
Date of Application Entry into Database _____ / _____ / _____		Initials of Data Entry Staff _____
Eligibility: <input type="checkbox"/> LI & FG <input type="checkbox"/> LI ONLY <input type="checkbox"/> FG ONLY		

Note: A determination of independence based on YES responses to question 5e or 5f must be supported by a *TRIO Participant Application Addendum*, which is completed and signed by a LEA liaison, RHYA director/designee, or ESG director/designee and attached to this document.