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100 S. University Avenue
Enid, Oklahoma 73701
(580)548-2324 ph
(580)977-2756 fax

***Upward Bound College Preparatory Academy Application***

**Student Information**

Name Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_

ETHNIC BACKGROUND

American Indian

African-American

Caucasian

Asian

Pacific Islander

Hispanic

Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Are you a Citizen of the United States? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_

If no: Permanent Resident I.D. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please provide copy of immigration documents.

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current School Year: \_\_\_\_\_\_/\_\_\_\_\_\_

Current Grade Level: \_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_School Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child \_\_\_\_ Does \_\_\_\_\_Does not have a current IEP on file at his/her school

**Family Information**

Who does the student live with? \_\_\_ Mother/Father \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other ( \_\_\_\_\_\_\_\_\_ )

Language(s) spoken in home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does either parent/guardian have a 4 year college degree? Yes \_\_\_ No \_\_\_
If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone in your family receiving services from Upward Bound?
Yes \_\_\_ No\_\_\_ If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone in your family receiving services from a Gear Up program?
Yes \_\_\_ No\_\_\_

**Spouse/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information**

**Number of adults in Household (19 & older) \_\_\_\_\_\_\_**

**Number of children in your family (ages 0-18) \_\_\_\_\_\_**

**What is your taxable income? $\_\_\_\_\_\_\_\_\_\_\_**(Found on page 2 of the most recent federal tax return)

**Does anyone in your household receive the following?**(Please check all that apply)

|  |  |
| --- | --- |
| Free or Reduced Lunch |  |
| Unemployment |  |
| VA Benefits |  |
| Food Stamps |  |
| Disability |  |
| Social Security |  |
| Retirement |  |
| Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**STATEMENT OF CONFIDENTIALITY:** The information you provide in this application is confidential according to the Family Rights and Privacy Act. The U.S. Department of Education has the authority to gather the information requested in this application (20 USC 1231a). The only persons authorized to examine the contents of this application are the student, their parents, employees at the school attended, and authorized Upward Bound Staff.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_