



OFFICE USE ONLY

Student Name:

Application Submitted:

Upward Bound

TRiO



UPWARD BOUND APPLICATION

2700 W. W. Thorne Drive
Houston, Texas 77073

MacArthur ~ Nimitz
281-227-9620

Aldine ~ Eisenhower
281-878-1557

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Social Security Number: _____ Name of High School: _____

Grade: _____ Gender: M ___ F ___ Age: _____ Date of Birth: _____

ETHNIC BACKGROUND

- Asian
- Black/African-American
- Hispanic/Latino/ Mexican-American
- White/Caucasian
- Other _____

CITIZENSHIP STATUS

- US Citizen
- US Permanent Resident
Permanent Resident Number : _____
- Other _____

I have verified that the applicant completed citizenship information on application.

Advisor Signature: _____

HIGH SCHOOL COURSES

(Check all that apply.)

- Content Mastery
- Regular
- Honors
- Gifted & Talented
- Dual Credit

SCHOOL ACTIVITIES

Organizations: _____

Sports: _____

Are you a participant of Educational Talent Search? _____

EMPLOYMENT

- Not Employed
 - Weekends Only
 - Part-time
 - Full-Time
- Hours Per Week: _____

CAREER ASPIRATIONS: What career or type of job are you interested in? _____

ACADEMIC ASPIRATIONS: High School Only Technical School Military
 2 Year College 4 Year College Graduate School

ACADEMIC/NON-ACADEMIC NEEDS AREAS: (Check all areas in which you need help.)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Career Planning <input type="checkbox"/> College Information <input type="checkbox"/> Financial Aid/Scholarships <input type="checkbox"/> Class Scheduling <input type="checkbox"/> Tutoring <input type="checkbox"/> Study Skills <input type="checkbox"/> Personal Counseling <input type="checkbox"/> ACT/SAT Preparation <input type="checkbox"/> Professional Etiquette <input type="checkbox"/> Learning about Cultural Diversity | <ul style="list-style-type: none"> <input type="checkbox"/> Test Taking Skills <input type="checkbox"/> Self Image <input type="checkbox"/> Communication Skills <input type="checkbox"/> Goal Setting/Time Management <input type="checkbox"/> Mathematics <input type="checkbox"/> Foreign Language <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> English (Reading and Writing) <input type="checkbox"/> Business |
|---|---|

To be completed by the parent or guardian of applicant:

FATHER OR MALE GUARDIAN

Relationship to applicant: _____ Name: _____ Address: _____ City, State, Zip: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ E-Mail: _____ Employer: _____ Occupation: _____	Highest grade completed: _____ (Check all that apply.) <input type="checkbox"/> Did not earn a high school diploma or GED <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Attended college but did not earn degree <input type="checkbox"/> College certificate <input type="checkbox"/> Technical school degree <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Advanced degree
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MOTHER OR FEMALE GUARDIAN

Relationship to applicant: _____ Name: _____ Address: _____ City, State, Zip: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ E-Mail: _____ Employer: _____ Occupation: _____	Highest grade completed: _____ (Check all that apply.) <input type="checkbox"/> Did not earn a high school diploma or GED <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Attended college but did not earn degree <input type="checkbox"/> College certificate <input type="checkbox"/> Technical school degree <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Advanced degree
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FAMILY INFORMATION

Who does the applicant currently live with? _____
Primary language spoken at home? _____
Does home have access to a computer? Yes ___ No ___
Does home have access to the Internet? Yes ___ No ___
How many people live in the household? Adults ___ Children ___
Does the family qualify for free/reduced lunch? Yes ___ No ___
Does the family qualify for Temporary Assistance for Needy Families? Yes ___ No ___
Does the family receive any of the following non-taxable income?
 None Social Security Disability
 Aid to Families w/ Dependent Children (AFDC) Veterans Benefits

PLEASE ATTACH A COPY OF YOUR SIGNED 2011 INCOME TAX RETURN OR, IF YOU DID NOT FILE, VERIFICATION OF INCOME FROM AFDC, SOCIAL SECURITY OR DISABILITY.

I certify that the above information is correct. I understand all information obtained will remain confidential in accordance with the Privacy Act (20-USC-123/1A). This information will be used to verify eligibility and to provide statistical data in compliance with federal and state regulations. I also give my consent to allow the LSC-North Harris Upward Bound Program to obtain transcripts and any educational records that pertain to my child's academic progress.

Parent/Guardian Signature: _____ Date: _____

