

# UNIVERSITY OF SOUTHERN CALIFORNIA

## TRIO PROGRAMS

### UPWARD BOUND

### APPLICATION

3375 South Hoover Street, Suite F-200 Los Angeles, CA 90089-7712 • Office (213) 743-2372 • Fax (213) 821-2731

#### INSTRUCTIONS:

Please print in black or blue ink or type. Complete the entire application and include:

1. A signed copy of your parent's or legal guardian's most recent 1040 income tax form, or Notice of Action, or other proof of income. Only the basic 1040 form is required. Additional schedules for deductions, etc. are not required
2. A copy of your high school transcripts or latest report card.
3. Copy of the social security card
4. Student Picture

#### A. STUDENT INFORMATION

1. Name: \_\_\_\_\_ 2. SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

3. Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
Street  
City State Zip Code E-mail Address

4. Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Emergency Contact Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace (Country): \_\_\_\_\_

7. Ethnicity:  American Indian/Alaskan Native  Asian  Black/African American  
 Hispanic/Latino  White  Native Hawaiian/Pacific Islander  
 No Response  Other, please specify \_\_\_\_\_

8. Language(s) Spoken in the home \_\_\_\_\_

9. Do you have any physical condition or disability, which requires special treatment or other considerations  
 Yes  No If yes, please explain: \_\_\_\_\_



Citizenship: Please respond to appropriate categories (check one box per question):

10. Are you a citizen of the United States? Yes No  
11. If no, are you a permanent resident of the United States? Yes No  
Alien Registration #: A \_\_\_\_\_

***If you answer "NO" to both of the questions below, please see statement below:***

Please complete the statement if you answered "No" to the questions above:

I certify that I have been living in the United States since (month) \_\_\_\_\_ of (year) \_\_\_\_\_ and that I am in the United States with intention of becoming a permanent resident. (Please attach documentation from the U.S. Immigration and Naturalization Service to this application.)

12. High School you are/will be attending: \_\_\_\_\_ Current Grade Level/Track: \_\_\_\_\_  
13. High School Counselor: \_\_\_\_\_ Current GPA: \_\_\_\_\_  
14. How did you find out about the Upward Bound Program? \_\_\_\_\_

15. What careers are you interested in? (if any): \_\_\_\_\_

16. In what areas can Upward Bound help you? (check all that apply and rank them in order of importance)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Manage my time         | <input type="checkbox"/> Improve my grades          | <input type="checkbox"/> Prepare for tests               |
| <input type="checkbox"/> Choose a career        | <input type="checkbox"/> Build my self-esteem       | <input type="checkbox"/> Explore ways to pay for college |
| <input type="checkbox"/> Visit new places       | <input type="checkbox"/> Meet new people            | <input type="checkbox"/> Learn about college options     |
| <input type="checkbox"/> Develop new interests  | <input type="checkbox"/> Learn about other cultures | <input type="checkbox"/> Study skills                    |
| <input type="checkbox"/> Visit college campuses | <input type="checkbox"/> Other _____                |  |

## B. GRADUATION INFORMATION

Please indicate the type of training/education that you are interested in after you complete high school:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Vocational (Trade) | <input type="checkbox"/> Community College | <input type="checkbox"/> 4-Year College/University |
| <input type="checkbox"/> Technical School   | <input type="checkbox"/> Armed Forces      | <input type="checkbox"/> Undecided                 |

## C. HIGH SCHOOL INVOLVEMENT & SOCIAL ACTIVITIES

1. What subjects are you interested in? \_\_\_\_\_

2. Do you need tutorial assistance?  Yes  No If so, in what subjects? \_\_\_\_\_

3. Please identify extra-curricular activities that you have been involved in during high school:

- Band  Sports  Choir/Music  Student Government  
 Club, (Specify) \_\_\_\_\_

4. Please list community organizations that you have been involved in within the last two years:

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5. Please identify your special interest and hobbies:

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6. Do you presently have a part-time job?

No     Yes

How many hours per week? \_\_\_\_\_

**D. GENERAL INFORMATION**

Why do you want to join the Upward Bound Program?

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**E. FAMILY INFORMATION (To be completed by Parent or Guardian)**

**Confidentiality of Information**

No one is allowed to see the information you provide unless he/she is an employee of the University of Southern California's Educational Opportunity Programs Center or otherwise authorize to see this information. Information provided in this section is protected by the Privacy Act and is not specifically reported to the federal government or the U.S. Department of Education. However, the Department of Education does have the authority to gather general statistical data about program participants in order to improve and measure the success of the Upward Bound program.

Applicant's parent(s) or guardian(s): Please provide the following information in order for us to better evaluate the students eligibility for Upward Bound Program. This information will be strictly confidential.

**Father/Male Guardian**

**Mother/Female Guardian**

\_\_\_\_\_  
Last First MI

\_\_\_\_\_  
Last First MI

**Highest education level completed:**

- Elementary or Middle School (K-8), specify \_\_\_\_\_
- High School (9-12), specify \_\_\_\_\_
- Associate's Degree
- Bachelor's Degree or beyond

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- Elementary or Middle School (K-8), specify \_\_\_\_\_
- High School (9-12), specify \_\_\_\_\_
- Associate's Degree
- Bachelor's Degree or beyond

Student primarily lives with \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

**Please complete all blanks.** If parents are separated, this should be completed by the parent whom the student lives with, or by the parent/guardian providing at least 50% of student's financial support.

Father's/ Male Guardian Occupation: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Mother's/ Female Guardian Occupation: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Two of the basic eligibility requirements for participation in the Upward Bound Program are: 1) that family **taxable** income falls within a certain range (variable depending on size of family); and 2) that parents do not have a four-year college degree. Students do not necessarily have to meet both criteria to participate in the program.

Please complete the following section that enables us to verify a student's eligibility for Upward Bound.

Parent(s)' **taxable** income (see **line 42** of 2004 Form 1040, **line 27** of 2004 1040A or **line 6** of 2004 1040EZ) \_\_\_\_\_

Number of people in household: Adults \_\_\_\_\_ Children \_\_\_\_\_

- Copy of federal tax form attached.  No federal tax return filed last year.

If you did not file an income tax return for the most recent year please indicate your source(s) of income by including it in the appropriate box(es) below:

- Social Security
- Public Assistance
- Veteran's Benefits
- Unemployment
- Disability
- A ward/dependent of the court

Other, Specify: \_\_\_\_\_

I fully support my child's application for admission into the Upward Bound Program and will attend an interview with my child. I further agree that if my child is admitted into the program I will participate in Parent Support Group meetings, orientation sessions, and workshops organized by the program, as required for the purpose of improving my child's chances of personal and educational success. ***I certify that the above information is true and complete to the best of my knowledge. I hereby grant permission to the personnel of my child's school to provide copies of transcripts, test scores, and academic progress reports to Upward Bound staff.***

\_\_\_\_\_  
Father (Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother (Guardian) Signature

\_\_\_\_\_  
Date

**F. ESSAY**

In your own handwriting in blue or black ink, write a three (3) paragraph essay about a difficult, challenging, or exciting experience describing how you felt and what you learned from that experience. A word-processor (typed) response is also acceptable. ***Essays must be stapled to the back of this application and must include the students' full name, grade level, and school on the top right hand corner of your paper.***

**If needed, please use the following outline as a guide for your essay:**

- 1) **Introduction**
  - a) **Introduce yourself/ family (Personal Background)**
  - b) **Introduce your topic**
- 2) **Experience**
  - a) **Write about your experience**
    - i) **Describe: Feelings, and what was learned**
- 3) **Conclusion**

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
**Advisor**

\_\_\_\_\_  
**Assistant Director**

Date of Entry

\_\_\_/\_\_\_/\_\_\_

Class of: \_\_\_\_\_

Eligibility

- LI & FG
- LI
- FG
- Other