PROGRAM APPLICATION

BIOGRAPHICAL INFORMATION

*NAME ___________________________   ___________________________   ___________________________
   LAST       FIRST       MIDDLE

ADDRESS __________________________________________________________   *SSN ___________________________

CITY ___________________________, NY   ZIP ___________   PHONE ___________________________

E-MAIL _____________________________________________________________

SCHOOL:   ATTICA   LETCHWORTH   PERRY   WARSAW   CURRENT GRADE _________

*DATE OF BIRTH ___________________________   GENDER:   ☐ MALE-1   ☐ FEMALE-2

DO YOU PLAN TO OBTAIN AT LEAST A FOUR-YEAR COLLEGE DEGREE?   ☐ YES   ☐ NO

*DO YOU RECEIVE FREE LUNCH?   ☐ YES   ☐ NO   ... OR REDUCED LUNCH?   ☐ YES   ☐ NO

*ARE YOU A CITIZEN OF THE UNITED STATES?   ☐ YES   ☐ NO

IF NO, ARE YOU A PERMANENT RESIDENT OF THE UNITED STATES?   ☐ YES   ☐ NO   RESIDENT CARD NUMBER: ______________________

Your response to the following racial/ethnic question is voluntary, but federal civil rights legislation and implementation regulations require UPWARD BOUND to submit counts of its student body by racial/ethnic categories. Your cooperation therefore, while voluntary, is essential to the accurate reporting of this information.

Ethnicity (please check all that apply):

☐ HISPANIC-10   ☐ ASIAN-12   ☐ WHITE-14

☐ AMERICAN INDIAN/ALASKAN NATIVE-11   ☐ BLACK OR AFRICAN AMERICAN-13   ☐ NATIVE HAWAIIAN/ISLANDER-15

HOUSEHOLD INFORMATION

The student currently lives with:

☐ BOTH PARENTS   ☐ MOTHER   ☐ FATHER   ☐ FOSTER PARENTS

☐ LEGAL GUARDIAN(S)   ☐ OTHER ___________________________

Please list all members of the student’s household below:

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<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>AGE</th>
<th>GRADE</th>
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TO BE COMPLETED BY CUSTODIAL PARENT(S) OR LEGAL GUARDIAN(S)

MOTHER/FEMALE GUARDIAN

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<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>PHONE NUMBER</th>
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ADDRESS

CITY

STATE ZIP

EDUCATION PLEASE INDICATE HIGHEST LEVEL OF EDUCATION COMPLETED

HIGH SCHOOL: 9 10 11 DIPLOMA/GED

COLLEGE: ASSOCIATE’S DEGREE BACHELOR’S DEGREE MASTER’S DEGREE OR HIGHER

INCOME

APPROX. YEARLY TAXABLE INCOME

NUMBER OF PEOPLE SUPPORTED BY THE ABOVE INCOME:

SOURCE(S) OF INCOME:

☐ EMPLOYMENT: COMPANY NAME OCCUPATION

☐ SOCIAL SECURITY ☐ WELFARE ☐ RETIREMENT/PENSION ☐ CHILD SUPPORT

☐ UNEMPLOYMENT ☐ VETERAN’S BENEFITS ☐ OTHER

FATHER/MALE GUARDIAN

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I certify that all the above information is correct, current, and true and that ALL income is reported. I understand that this information is given for the receipt of federal funds; that Upward Bound and TRiO Program officials may verify the information on this application form and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Parent/Guardian Signature Date

PRIVACY ACT STATEMENT

The personal information provided to UPWARD BOUND is sent to the United States Department of Education and is protected by the Privacy Act. No one may see the information unless they work with or for the UPWARD BOUND Program or are specifically authorized to see the information. This information is necessary to determine if you are eligible to participate in the program and helps the government to measure your success. The United States Department of Education has the authority to gather information to help make UPWARD BOUND a better program (20USC 1231a).

The UPWARD BOUND Program at Genesee Community College is primarily funded by the United States Department of Education and Genesee Community College. Participation is available to eligible students without regard to race, color, national origin, age, sex, or handicap. Any person who believes that he or she has been discriminated against in any related activity should write to the Secretary of Education, Washington, D.C. 20250.