

PROGRAM APPLICATION

*Required Information

BIOGRAPHICAL INFORMATION

DATE _____

*NAME _____
LAST FIRST MIDDLE

STREET ADDRESS _____ *SSN _____

CITY _____, NY ZIP _____ STUDENT PHONE _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE) _____

E-MAIL _____

SCHOOL _____ CURRENT GRADE _____

*DATE OF BIRTH _____

LEGAL SEX: Male Female

GENDER: Male Female Non-binary Other: _____

PRONOUNS: He/Him She/Her They/Them Other: _____

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

ARE YOU ELIGIBLE TO 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 (please check all that apply):

- BOTH PARENTS MOTHER FATHER FOSTER PARENTS
 LEGAL GUARDIAN(S) STEP-MOTHER STEP-FATHER OTHER _____

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

NAME	RELATIONSHIP	AGE	GRADE
_____	_____	_____	_____
_____	_____	_____	_____

TO BE COMPLETED BY CUSTODIAL PARENT(S) OR LEGAL GUARDIAN(S)

*REQUIRED INFORMATION

PARENT/LEGAL GUARDIAN 1 LAST NAME FIRST NAME PHONE NUMBER

ADDRESS (IF DIFFERENT FROM STUDENT) CITY STATE ZIP

PARENT/LEGAL GUARDIAN 2 LAST NAME FIRST NAME PHONE NUMBER

ADDRESS (IF DIFFERENT FROM STUDENT) CITY STATE ZIP

EDUCATION

*DO YOU HAVE A 4-YEAR COLLEGE DEGREE? PARENT 1 YES NO

PARENT 2 YES NO

STATEMENT OF INCOME

PLEASE REFER TO YOUR MOST CURRENT TAX RETURN TO COMPLETE THE FOLLOWING SECTION.

- TO QUALIFY AS LOW INCOME, YOUR **TAXABLE INCOME** MUST MEET FEDERAL REGULATIONS.
- TO FIND YOUR TAXABLE INCOME, SEE **LINE 11 ON YOUR LAST YEARS 1040 TAX FORM.**
- WRITE YOUR ACTUAL TAXABLE INCOME AMOUNT. PLEASE DO NOT WRITE AN ESTIMATED AMOUNT.
- IF YOU DO NOT FILE TAXES, PLEASE WRITE "DOES NOT FILE TAXES" ON THE TAXABLE INCOME LINE BELOW.

*HOUSEHOLD SIZE \$ _____
*TAXABLE INCOME

I authorize TRiO Upward Bound to obtain copies of all my student's academic records from high school through post-secondary education. YES NO

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.