



INFORMATION RELEASE AUTHORIZATION

STUDENTS NAME: _____ SOCIAL SECURITY # _____
LAST FIRST MI

I hereby authorize any educational institution that I am attending or will attend to release information regarding my enrollment status, financial aid award, school transcript, verification of school lunch status (if applicable), copies of any achievements/standardized tests taken, and any other pertinent information to the Upward Bound Program of the University of Wisconsin-Whitewater.

I understand that the Upward Bound Program of UW-Whitewater is governed by the Higher Education Act of 1992, section 417B, and is required to obtain current and updated information regarding my enrollment status. I understand that this information will be kept confidential and be used to maintain follow-up data and for general reporting to its funding source.

I _____ hereby authorize the University of Wisconsin-Whitewater Office of Pre-College Programs to use and release my picture in any publication the Office deems necessary. I understand that the Office of Pre-College Programs, UW-Whitewater will use the picture as a means to promote the students' excellence and performance and that the picture will reflect the goals and objectives of the Pre-College Programs and UW-Whitewater.

I, the parent/guardian grant my son or daughter permission to accompany UW-Whitewater Pre-College Program on field trips throughout their participation in the program. I expect my child to be on his/her best behavior and act accordingly. Should any incident occur involving improper conduct or emergency circumstances I understand the trip supervisor will act on my behalf.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF STUDENT

DATE

DATE

***Please include a copy of your son/daughter's most recent report card or transcripts. If you are unable to obtain a copy, submit the original. Office staff will make a copy and return the original to you. Please write at the top of the report card the word **ORIGINAL** so that we know to return it to you.



UPWARD BOUND PROGRAM APPLICATION

STUDENT INFORMATION

DATE OF APPLICATION: _____

1. LAST NAME: _____ FIRST NAME: _____ GENDER: M F

2. STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DATE OF BIRTH: _____

3. HOME PHONE: _____ CELL PHONE: _____ E-MAIL: _____

4. SOCIAL SECURITY NUMBER: _____ - _____ - _____ 5. ARE YOU IN A GEAR UP PROGRAM? YES NO

6. ARE YOU A US CITIZEN? YES NO

IF NO, ARE YOU A PERMANENT RESIDENT OF THE US OR HAVE YOU APPLIED OR INTEND TO APPLY FOR US CITIZENSHIP? YES NO

7. RACE/ETHNICITY: PLEASE ANSWER BOTH A. AND B. CHECK ALL THAT APPLY.

A. IS THE STUDENT SPANISH/HISPANIC/LATINO/A?

- NO, NOT SPANISH/HISPANIC/LATINO/A
- YES, PUERTO RICAN
- YES, MEXICAN AMERICAN, CHICANO
- YES, CUBAN
- YES, OTHER SPANISH / HISPANIC / LATINO/A – PRINT GROUP _____

B. WHAT IS THE STUDENT'S RACE? PLEASE CHECK ALL THAT APPLY.

- AMERICAN INDIAN/ALASKAN NATIVE – PLEASE SPECIFY PRINCIPAL W/ OR OTHER TRIBE & RESERVATION: _____
- ASIAN INDIAN
- FILIPINO
- KOREAN
- VIETNAMESE
- BLACK OR AFRICAN AMERICAN
- GUAMANIAN OR CHAMORRO
- LAOTIAN
- OTHER ASIAN: _____
- CAMBODIAN
- HMONG
- NATIVE HAWAIIAN
- OTHER RACE: _____
- CHINESE
- JAPANESE
- SAMOAN
- WHITE

8. NAME OF SCHOOL: _____

9. GRADE: 9 10 11 12 H.S. GRADUATE

10. STUDENT LIVES WITH: FATHER MOTHER STEPMOTHER STEPFATHER OTHER: _____

11. HOW MANY MEMBERS OF YOUR FAMILY LIVE AT HOME WITH YOU? _____

(COUNT ONLY YOURSELF, PARENTS OR GUARDIANS, BROTHERS, SISTERS AND OTHER RELATIVES THAT DEPEND ON YOUR PARENTS OR GUARDIANS FOR FINANCIAL SUPPORT.)

12. HEAD OF HOUSEHOLD – FEMALE LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS CITY ST ZIP

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

RELATIONSHIP TO STUDENT: MOTHER (BIOLOGICAL / ADOPTED) STEPMOTHER GUARDIAN OTHER: _____

HAVE YOU EARNED A BACHELOR'S DEGREE FROM A FOUR-YEAR COLLEGE OR UNIVERSITY? YES NO

13. HEAD OF HOUSEHOLD – MALE LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS CITY ST ZIP

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

RELATIONSHIP TO STUDENT: FATHER (BIOLOGICAL / ADOPTED) STEPFATHER GUARDIAN OTHER: _____

HAVE YOU EARNED A BACHELOR'S DEGREE FROM A FOUR-YEAR COLLEGE OR UNIVERSITY? YES NO

14. OTHER RELATIVE/GUARDIAN AUTHORIZED TO GIVE PERMISSION LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS CITY ST ZIP

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

RELATIONSHIP TO STUDENT: _____

SIGNATURE OF STUDENT

DATE

For Office Use Only: _____ LI/FG _____ FG only _____ LI only _____ Other



PARENTAL INCOME STATEMENT

Student's Name _____

Parent's/Guardian's Name _____

(This section should be completed by a Parent or Guardian.)

The Upward Bound Program is funded by the U.S. Department of Education. we are required to follow the guidelines set forth by that department. One of the requirements is that we ask for income information from the families of students we serve.

- 1. Total number in household _____
- 2. Total number enrolled in college _____
- 3. Income tax filed last year _____ Yes _____ No

Source of income (Please check all that apply)	Monthly Amount Received
A. _____ Employment	\$ _____
B. _____ Social Security	\$ _____
C. _____ Unemployment	\$ _____
D. _____ Public Assistance	\$ _____
E. _____ Disability	\$ _____
F. _____ Veteran's Benefits	\$ _____
G. _____ Alimony/Child Support	\$ _____
H. _____ Other (Please specify) _____	\$ _____

I CERTIFY THAT THE ABOVE FINANCIAL INFORMATION IS CORRECT.

PLEASE ENCLOSE A COPY OF ONE OF THE FOLLOWING DOCUMENTS TO VERIFY SOURCES OF INCOME:

- **W-2 FORM**
- **1040 INCOME TAX FORM**
- **CHECK STUB**
- **AFDC CARD**

I UNDERSTAND THAT THIS INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED TO DETERMINE MY CHILD'S ELIGIBILITY FOR THE PROGRAM.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF STUDENT

DATE

DATE



ASSESSMENT QUESTIONNAIRE

Student's Name _____

1. Which academic subjects do you enjoy most? _____

2. What subjects do you think you may need help with?

_____ Math _____ History _____ English

_____ Foreign Language _____ Science _____ Other (please specify) _____

3. What interests you most about school? _____

4. What do you enjoy doing during your free time? _____

5. What do you plan to do after high school? _____

6. Do you plan on attending college after graduation?

_____ Yes _____ No If yes, where? _____

7. Do you have a favorite book, magazine or newspaper that you read regularly?

_____ Yes _____ No Please list _____

8. Can you read or speak another language besides English? Please list. _____

9. Do you need help with (check all that apply):

_____ CHOOSING A CAREER

_____ CHOOSING A COLLEGE/TECHNICAL SCHOOL

_____ HOW TO PAY FOR COLLEGE (FINANCIAL AID)

_____ ACT PREPARATION

_____ ACT REGISTRATION

_____ ACADEMIC COUNSELING

_____ CHOOSING HIGH SCHOOL CLASSES

_____ PERSONAL COUNSELING

_____ STUDY SKILLS