



VOLUNTEERS OF AMERICA OF GREATER LOS ANGELES
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Upward Bound PROGRAM APPLICATION

STUDENT INFORMATION

Please Print Clearly Using Blue or Black Ink Only

Student's Name: _____ Male
 _____ Female
Last (Enter **exactly** as it appears on school documents) First Middle Jr., etc.

School: _____ Grade: 9th 10th 11th

Date of Birth: _____ Social Security Number: _____
MM/DD/YYYY

ADDRESS

E-mail Address: _____ Student Cell: _____

Home Address: _____
Number & Street Apartment #

City State ZIP Code

Please give your current mailing address for all correspondence if address is different from above.

Number & Street Apartment #

City State ZIP Code

Citizenship

- U.S. Citizen
 U.S. Permanent Resident Visa Card #: _____
 Other Citizenship Visa Type: _____

Place of Birth _____
City State Country

Ethnicity -Check One

- Hispanic Asian
 Mexican Central American: _____
 Cuban South American: _____
 Puerto Rican Other: _____
 African-American, Black American Indian, Alaskan Native
 White Tribal Affiliation: _____

Home Language

What language is spoken in the home? English Spanish Vietnamese Other: _____

FAMILY INFORMATION

A Parent, Guardian, Or Other Adult Legally Responsible For The Applicant Must Complete This Section.

Student Lives With:

- | | | |
|------------------------------------|---|--------------------------------|
| <input type="radio"/> Both Parents | <input type="radio"/> Relative Guardian | Relationship to student: _____ |
| <input type="radio"/> Mother Only | <input type="radio"/> Foster Parent | |
| <input type="radio"/> Father Only | <input type="radio"/> Displaced youth | |

Parent/Guardian #1

Parent/Guardian #2

Last Name *First Name*

Last Name *First Name*

Address - Complete if different from student applicant

Number & Street *Apartment #*

Number & Street *Apartment #*

City *State* *Zip Code*

City *State* *Zip Code*

() _____
Home Phone *Alternative Phone*

() _____
Home Phone *Alternative Phone*

Employer: _____

Employer: _____

Work Phone: () _____

Work Phone: () _____

E-mail Address: _____

E-mail Address: _____

Household

Please give the name and relationship of all members of your household. Include additional household member on separate sheet if necessary.

Last Name *First Name* *Relationship to student* *Age*

Last Name *First Name* *Relationship to student* *Age*

Last Name *First Name* *Relationship to student* *Age*

Last Name *First Name* *Relationship to student* *Age*

Last Name *First Name* *Relationship to student* *Age*

Last Name *First Name* *Relationship to student* *Age*

Last Name *First Name* *Relationship to student* *Age*

Parent/Guardian Education -Select the highest level of education completed by the parent/guardian

Parent/Guardian #1

- Did not graduate from high school
- High school graduate
- College Graduate (bachelor's degree only)

Parent/Guardian #2

- Did not graduate from high school
- High school graduate
- College Graduate (bachelor's degree only)

Name of University

Name of University

Type of degree

Location

Type of degree

Location

Family Financial Information

This information is required by the United States Department of Education to determine applicant eligibility for program services.

- Applicant is a foster youth/dependent of the court

Applicant's total monthly income: _____

- I did/will file an Income Tax Return for the last calendar year-**submit copy of Federal Income Tax Return with application**

Taxable Income: _____ 1040EZ Line 6, 1040 Line 43 or 1040A Line 27

- I did not/will not file an Income Tax Return for the last calendar year

Source of Income: Check all that apply, indicate the amount received monthly – **Submit proof of income with application**

- Social Security Benefits: _____
- Unemployment: _____
- Child Support/Alimony: _____
- Pension/Retirement: _____
- Disability/SSI/Worker's Compensation: _____
- Public Assistance

(CalWorks, GAIN, TANF, CalFresh, Kin-GAP)

Case Number: _____ Amount: _____

- Other-Please Explain _____

Total number of people in the household including applicant and parents/guardians: _____

I certify that all of the above information including income, residency and citizenship status are correct. All information reported will be kept confidential and used only for the purpose of determining eligibility for the Upward Bound program.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS APPLICATION	DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER COMPLETING THIS APPLICATION	RELATIONSHIP TO STUDENT

For Office Use Only

- LI FG LIFG High Risk

Date Received: _____

Staff Initial: _____

Date Reviewed: _____

Director's Signature: _____

RELEASE OF SCHOOL RECORDS

Student Name: _____
*Last (Enter **exactly** as it appears on school documents) First Middle Jr., etc.*

Date of Birth: _____ Social Security Number: _____
MM/DD/YYYY

I authorize Volunteers of America of Greater Los Angeles, Upward Bound Program to have access to and obtain copies of school records for the above named applicant. Access to academic records may include, but are not limited to the following:

- Class Schedule
- Transcript
- Standardized Test Scores
- Individualized Educational Plan (IEP)
- Attendance Data
- Verification of Enrollment
- Degree Verification
- **Any** additional information needed by the Upward Bound Program to complete the Annual Performance Report required by the U.S. Department of Education
- **Any** additional information deemed necessary by the Upward Bound Program needed to make decisions regarding the applicant’s secondary and post-secondary education

I authorize the release of school records from grade 6 through the completion of post-secondary education.

SIGNATURE OF PARENT/GUARDIAN	DATE
PRINTED NAME OF PARENT/GUARDIAN	
SIGNATURE OF STUDENT APPLICANT	DATE

I authorize Volunteers of America Los Angeles, Upward Bound to release my information to agencies other than the U. S. Department of Education.

Parent Initial

I give the Volunteers of America Los Angeles, Upward Bound permission for my child’s name, photograph, work and/or statements to be used by Volunteers of America Upward Bound for promotional, publicity or instructional purposes.

Parent Initial

ACADEMIC INFORMATION

Have you **ever** participated in an Upward Bound or Educational Talent Search Program? Yes No

Name of Program: _____ Location: _____

Are you currently participating in other college preparatory programs i.e Project Grad, Fulfillment Fund, Community Build, AVID, etc.? Yes No

If yes please list program(s): _____

Do you have an Individualized Educational Plan (IEP)? Yes No

REALLY SHORT ANSWERS

Respond to the following in a sentence or less

Favorite Quote _____

Dream Job _____

Favorite Artist _____

Role Model _____

Favorite Food _____

Favorite Movie _____

Most Prized Possession _____

Last book you read for pleasure _____

Three words that describe you _____

SHORT ANSWERS

Respond to the following in the space provided

What are the goals of the Upward Bound Program?

What are your strengths and weaknesses in and out of school?

What do you enjoy doing during your free time?

What are your plans after high school? What careers are you interested in?

What kind of encouragement do you receive from your family, to reach your goals?

ESSAY

Answer **ALL** of the following questions in the space provided in essay format.

What are your academic goals?

What are your personal goals?

What have you done to reach your goals?

Who has helped you in reaching your goals?

Why do you want to participate in the Upward Bound Program?
