

Upward Bound PROGRAM APPLICATION

Caring for our community since 1896

		9	TUDENT II	NFORM <i>A</i>	NOITA						
Please Print Clea	ırly Usin <mark>g Bl</mark> u	e or Black Ink Only									
Student's Name:										0	Male
Student's Name.		tly as it appears on school	documents)	First		Middle		Jr., 6	etc.	O	Female
Cabaali	•	,		de: O	9th	0	10th		11th		
School:			<u> </u>								
Date of Birth:			Soc	ial Secur	ity Nun	nber:					
	MM/DD/YYYY		40	DDECC							
			AU	DRESS							
E-mail Address:				Studen	t Cell: _						
Home Address:											
Tiome Address.	Number & Str	eet		Apar	tment #						
	City		tate	ZIP C	`ode						
	Please give	your current mailing a	ddress for all	correspon	dence if	address	is differe	nt from	above.		
	Number & Str	<u> </u>		Apar	tment #						
				,							
	City		State	ZIP C	nde						
Citizenship	S.Ly			0							
O U.S. Citizen											
O U.S. Perma	nent Residen	t Visa Card #:									
Other Citize	enship	Visa Typ	e:								
5.1											
Place of Birth	 City		itate				Country				
							oo amery				
Ethnicity -Check C	One										
Hispanic					() Asia	n				
Mexica	n O	Central American:				O V	ietname	ese	Ot	her:	
O Cuban	0	South American:			() Nati	ive Haw	aiian			
O _{Puerto}	Rican O	Other:			(Oth	er Pacifi	c Islan	der:		
African-Am	erican, Black) Ame	erican Ir	idian, <i>i</i>	Alaskar	n Nati	ive
O White						Т	ribal Aff	iliatior	n:		
Home Language											
What langu	age is spoker	n in the home?	O English	OS	panish	01	/ietnam	ese	O Oth	er:	
rent Name:		Paren	t Signature:					Dat	e:		

FAMILY INFORMATION						
A Parent, Guardian,	Or Other Adult Legally Respons	sible For The Applicant Must Comp	lete This Section.			
Student Lives With:						
Both Parents	Relative Guard	dian Relationship to student:				
Mother Only	Foster Parent					
O Father Only	O Displaced you	th				
Parent/Guardian #1		Parent/Guardian #2				
Farent/Quartian #1		Parent/Guardian #2				
Last Name	First Name	Last Name	First Name			
()	()	()	()			
Home Phone	Cellular Phone	Home Phone	Cellular Phone			
Employer:		Employer:				
Work Phone: ()		Work Phone: ()	_			
E-mail Address:		E-mail Address:				
Household Please give the name and relations	nip of all members of your household. I	Include additional household member on se	eparate 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				
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	Parent/Guardian #2					
O Did not graduate from high school	 Did not graduate from high school 					
O High school graduate	High school graduate					
College Graduate (bachelor's degree only)	College Graduate (bachelor's degree only)					
Name of University	Name of University					
Type of degree Location	Type of degree Location					
Family Financial Information	tion to determine modificant dividity. For any angular					
This information is required by the United States Department of Educat O Applicant is a foster youth/dependent of the court	tion to determine applicant eligibility for program services.					
Applicant's total monthly income:						
· · · · · · · · · · · · · · · · · · ·	r year-submit copy of Federal Income Tax Return with application					
Taxable Income:1040E						
O I did not/will not file an Income Tax Return for the last						
	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 bousehold including appli	cant and parents/guardians					
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 is 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 COMPLETIN	IG THIS APPLICATION DATE					
PRINTED NAME OF ADULT HOUSEHOLD MEMBER COMPL	ETING THIS APPLICATION RELATIONSHIP TO STUDENT					
TRINTED NAME OF ADOLF HOUSEHOLD WEINDER COMILE	RELATIONSTILL TO STODENT					
For Office Use Only						
LI FG LIFG High Risk Dat	te Received: Staff Initial:					
Data Paviawad	Director's Signature					
Date Reviewed: ————————————————————————————————————	Director's Signature:					

	RELEASE OF SCH	IOOL RECORE	OS			
Student Name:						
Student Name.	Last (Enter exactly as it appears on school documents)	First	Middle	Jr., etc.		
D . (D: II		6 : 16				
Date of Birth:	Social Security Number:					
I authorize Volunt	eers of America of Greater Los Angeles, U	pward Bound	d Program to have acces	ss to and obtain copie		
	for the above named applicant. Access to	•	-	•		
following:	•		•			
 Class Sche 	dule					
 Transcript 						
 Standardiz 	ed Test Scores					
 Individuali 	zed Educational Plan (IEP)					
 Attendance 	e Data					
 Verificatio 	n of Enrollment (Secondary and Post-Secon	dary)				
 Degree Ve 	rification (Secondary and Post- Secondary)					
 Any additi 	onal information needed by the Upward B	ound Progran	n to complete the Annua	al Performance Report		
required b	by the U.S. Department of Education					
-	ional information deemed necessary by	•	•	ed to make decisions		
	the applicant's secondary and post-second	•				
· · · · · · · · · · · · · · · · · · ·	f program completion of the Annual Perfo	-				
	om grade 6th through the completion cles. This form is valid for 10 years from init	•	-	unteers of		
7 milerioù 200 7 miger	icas rina rama la rama na rama na rama mama mama mama ma					
SIGNATURE OF PA	RENT/GUARDIAN	DATE				
PRINTED NAME OF	F PARENT/GUARDIAN					
SIGNATURE OF STUDENT APPLICANT		DATE				
	I authorize Volunteers of America Los	Angeles Unw	vard Bound to release my	v information to		
agencies other than the U. S. Department of Education.						
Parent Initial	<u> </u>					
	I give the Volunteers of America Los Ar	agolos Hawa	rd Round normission for	· my child's namo		
	— photograph, work and/or statements t	-				
Parent Initial	promotional, publicity or instructional	•		•		

Academic Information					
Are you currently participating in a college preparatory program (i.e. Upward Bound, Talent Search, Project Grad etc.)?					
☐ Yes – Name of the Program: Location:					
\square No					
Do you have an Individualized Educational Plan (IEP) \square Yes \square No – If yes, please provide a copy					
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?					
Please attach your essay in a separate document. Thank you.					

Indicate the name and contact information for the Teachers who should receive this from VOALA - Mrs. Torres:

ENGLISH/LANGUAGE ARTS RECOMMENDATION					
Church Name a					
Student Name:		Grade	riigii 3ciiooi		
Dear Teacher, This student is applying for a	dmission into the Va	luntaars of Amarica Unive	ard Dound Drogram		
This student is applying for a Please complete this form an		· · · · · · · · · · · · · · · · · · ·		academic need or	
improvement in your course			a to help us determine	academic need of	
	· · · · · ·				
Grade at last progress report	<u> </u>				
I. Please rate the student's sk					
	Outstanding	Above Average	Average	Below Average	
Written Communication					
Oral Communication					
Reading Comprehension					
Test Taking Skills					
II. Please check ALL of challeng	ros holow that may a	anly to the student			
Diagnosed learning	•	pply to the student			
Low grade point a					
Low standardized	_				
					
Low educational a		oh, analyzina intogratina	and presenting inform	matian	
		ch; analyzing , integrating	·	Hation	
		g challenging course work			
		curate career information			
	, self-esteem, or soc	al skills			
Low income family					
Otner:					
Please identify and provide are	as in which we can f	urthar assist this student i	n a tutorial cotting		
riease identity and provide are	eas iii wilicii we cali i	urther assist this student i	ii a tutoriai settirig.		
Please comment on your per	ception of this stud	ent's maturity, cooperati	on, reliability, attenda	ance and motivation	
to succeed academically:					
Name of Instructor:					
Signature:			Date:		

Indicate the name and contact information for the Teachers who should receive this from VOALA - Mrs. Torres:

	MATH/S	SCIENCE RECOMMENDATION	DN	
Student Name:		Grade: High	School:	
Dear Teacher, This student is applying for a Please complete this form an improvement in your course	d return it to the stud	dent. This form is intended	-	academic need or
Grade at last progress report	:			
I. Please comment on this stu	ident's skills and/or d	eficiencies in each of the fo	ollowing areas:	
proceduresDiagnosed learningLow grade point avLow standardizedLow educational avLack of opportunitLack of career goalLack of confidence	math and/science explain and apply mage disability verage test scores spirations y or support in taking	thematical concepts and in g challenging course work curate career information	Average □ □ □ □ □ □ nterpret and carry out	Below Average
Other:Other:		further assist this student		
Please comment on your pertored succeed academically:	erception of this stu	dent's maturity, cooperat	ion, reliability, attend	lance, and motivation
Name of Instructor:				
Signature:			Date:	