## **UPWARD BOUND PROGRAM - VIRGINIA STATE UNIVERSITY**

#3 JACKSON PLACE, BOX 9014 - VIRGINA STATE UNIVERSITY, VA 23806 (804) 524-5811 (Office) - - - (804) 524-5142 (Fax)

www.vsu.edu/upwardbound



## **APPLICATION**

Applicant's Name:

	Last	First	Middle Initial
School:			Grade Level:
Current Grade Poi	nt Average:		
Social Security #:			Today's Date:
Date of Birth:			
BEFORE COMPLI	ETING THIS APPI	LICATION, PLE	ASE READ THE FOLLOWING:
<ul> <li>Upward Bound</li> <li>Upward Bound</li> <li>Upward Bound</li> <li>school.</li> <li>Upward Bound</li> <li>and must attend</li> <li>Upward Bound</li> <li>Program.</li> <li>Upward Bound</li> <li>Handbook.</li> </ul>	students must be a citize students at the time of ini students must have a new students must live on the d Saturday classes with restudents will be expected participants must adhere	en or national of the Un hitial selection must be sed for academic support campus of Virginia State regularity during the ac d to participate in all cu	nited States. a first generation college student or low income individual. ort in order to pursue a program of education beyond high ate University for the five (5) or six (6) weeks summer session cademic year program (September - May). ultural activities and trips included in the Upward Bound as, and guidelines outlined in the Upward Bound Student
Please us	e a blue or black	pen or a typew	riter to complete this application.
		Office Use O	nly:
	Date Received:		
□Teacher Recommend	n & Recommendation For ation (1) □Teacher	Recommendation (2)	☐ Verification of Income (Tax Form) ☐ Transcript (Grade Test Scores) ☐ Disapproved:

name:									
	Last First				Middle Initial				
Permanent Home	Address:								
		Street	(Apt. #)	City	State	Zip Co	ode	County	
Home Phone Nun	nber: <u>(</u>	)	Social	Security #:		1	1		
Are you a U.S. Ci⊓ □ No	tizen? □ Ye	es □ No	Will you require	a Form 120 t	to obtain	a Visa?	□ Ye	S	
Your current maili	ng address (	if different fr	om your permar	nent home ac	ldress):				
Street Address	Apt. #	City	State	:	Zip Code		C	County	
Sex: ☐ Male	☐ Female		Birth Date	: Month					
				Month		Date		Year	
*If your parent(s) or g you wish information no box is checked, in	sent to that pa	arent or guard	ian. You may che	ck both boxes	and inforn	nation will	be sent t		
Parent or Guardia	ın <b>No 1 □</b> :				F	Relations	hip		
		Last	First	MI					
Home Address(if	different from	yours):							
		S	treet	City	State		Zip		
Home Phone Nun	nber: <u>(</u> )		Work	Phone Num	ber: <u>(</u>	)			
Occupation:			Place	of Employm	nent:				
Parent or Guardia	ın <b>No 2 □</b> :				i	Relations	hip		
		Last	First	MI					
Home Address(if	different from	vours).							
7.101110 7.1441 000(11		S	treet	City	State		Zip		
Home Phone Nun	nber: <u>(</u> )		Work	Phone Num	ber: <u>(</u>	)			
Occupation:			Place	of Employm	nent:				
Has either of your If yes, please che			completed a for Mother		ollege? ather	☐ Yes		□ No Guardian	
The following in Education, this is									
☐ African Americ		tive America		anic Americ		Caucas			
☐ Asian America		Racial Ame	•	er American		Internat	ional		
How many sisters	do you have	? Older	?	Younger?		At ho	me?		
How many brothe	-			Younger?					

List school activities and organiz	ations:				
What subject(s) in your curriculu	m do you ne	ed assistance o	r improving?		
What subject(s) in your curriculu	m do you like	e least?			
How would you rate yourself as ☐ Excellent ☐ Go		□ Average	□ Poo	or	
Name at least two (2) teachers v	vho know you	ı very well:			
TEACHER'S NAME		SCHOOL			
TEACHER'S NAME		SCHOOL			
Name at least two (2) persons in	ı your commı	ınity who know	you very well:		
NAME	ADDRESS/PHONE#				
NAME	ADDRESS/PHONE#				
What are your special interest(s)	) or hobbies?				
Will you need any special assists	ance? □ Y	es □ No			
If yes, please specify:					

## <u>UPWARD BOUND PROGRAM FAMILY FINANCIAL DATA</u>

The Family Financial Data Form must be completed by the parents or guardian of the student who wishes to enter Upward Bound. All income must be reported in order to have an accurate statement regarding the financial status of the family. (A Federal Tax Return Form MUST BE included in this packet)

Name of Student_					SSN:	1	1
_	Last	First	M	liddle			
Address Street	City		St	ate	Zip C	ode	
Telephone Numb	oer: <u>(</u> )						
Student resides wi	th: □ Both P	arents	□ Father O	nly	☐ Mother C	nly	□Guardian
Name of Parent(s)	/Guardian(s)						
AddressSt	reet		City		State		Zip Code
O.	rect		-		Otate		Zip oodc
Father: \$(Befor	re Taxes)	Mother: \$	(Before Ta	xes)	Guardian: 9	Befo	re Taxes)
Do you (parent/gua Welfare \$							
Did you file a feder	ral income ta	x form?	□Yes		No		
What was the total	adjusted gross	income sho	own on last yea	ar's federa	ıl income tax re	eturn? \$_	
Submit a recent of Security regarding	g income. Th	is is neces	sary in order	to docur	nent income a		
The application w	vill be delayed	if this infor	mation is no	t submitte	<u>ed.</u>		
List all dependents	living in your h	ousehold:					
	Name(s)			Age	I	Relationsh	ip
We hereby acknow	uladge that the	nformation	aubmittad bar	owith in tr	uo and correct	Our	ianaturos
below also indicate					ue and correct	. Our s	ignatures
Signature of Fath	ner			Dat	re		
Signature(Parent	or Guardian)N	Mother	_	Dat	ee		

NOTE:

The Application Will Not Be Processed Without All Requested Information