



UNIVERSITY OF SOUTH ALABAMA  
UPWARD BOUND

APPLICATION

Note: Upward Bound is a federally funded program by the US Department of Education; in order to determine your eligibility to participate in the program we are required to secure certain information. All information will be kept strictly confidential. Please complete this application as accurately as possible.

Part A: To be completed and signed by Applicant.

Name \_\_\_\_\_ SSN \_\_\_\_\_

Last, First, M.I.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number & Street

School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Month/Date/Year

Racial Background: U.S. Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Caucasian  
\_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Other

Are you enrolled in a College Prep Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you taken the ACT? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Score

What are your plans after high school? \_\_\_\_\_ 2 Yr. College  
\_\_\_\_\_ Technical college \_\_\_\_\_ 4 Yr. College \_\_\_\_\_ Military \_\_\_\_\_ Work

Do you have a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list  
diagnosis \_\_\_\_\_

Are you participating or have you participated in the Educational Talent Search Program,  
\_\_\_\_\_ Yes \_\_\_\_\_ No Or the Upward Bound Program?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

I agree to the release of my high school transcript, grade reports, test scores and etc. to the Upward Bound staff in compliance with federal guidelines to determine my eligibility to participate in the program.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Part B: To be completed by Parent or Guardian

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address (Only if different from Applicant) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Number & Street  
Parent/Guardian Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_  
Widowed \_\_\_\_\_

Total number in household \_\_\_\_\_ No. of children under age 18 \_\_\_\_\_  
Number of adults \_\_\_\_\_

Person to contact in case of emergency:  
Name \_\_\_\_\_ Address (if different from Applicant) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did either parent graduate from a 4-year college? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you file Income Tax? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, a copy of your last return showing your taxable income must accompany this application.

If no, please check below the source of your income:  
\_\_\_\_\_ Retirement Benefits \_\_\_\_\_ Social Security  
\_\_\_\_\_ Unemployment Compensation \_\_\_\_\_ Veteran Benefits  
\_\_\_\_\_ AFDC/ADC \_\_\_\_\_ Other

Note: You must submit some kind of proof of your source of income.

I certify that the above information, including income, is true and correct to the best of my knowledge. I understand that any falsification of facts could result in my son/daughter's immediate dismissal from the Upward Bound Program. I father acknowledge that my son/daughter has my permission to participate in the Program and that we will comply with the rules and regulations of the Program.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_