



FOR OFFICE USE ONLY	
Received:	_____
Eligibility Type:	_____
Appointment:	_____
Entry Date:	_____
Exit Date:	_____

43-500 MONTEREY AVENUE PALM DESERT, CA 92260 TEL (760) 773-2541 FAX (760) 776-7247

Application for Upward Bound Admission

To the Applicant and his/her parent(s)/guardian(s):

This application is our initial introduction to you and will play an important part in our consideration of you as an Upward Bound student. **IT IS ESSENTIAL THAT THE ENTIRE APPLICATION BE COMPLETED BEFORE IT IS RETURNED.** Write clearly and in pen. Don't hesitate to add any information you feel is pertinent to your application. Be sure your teacher, counselor or principal returns their part of the application to us directly or to you to include in your application.

INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR ADMISSION

STUDENT INFORMATION

1. SOCIAL SECURITY #:	1B. SCHOOL ID #	2. DATE OF BIRTH:	2B. CITY OF BIRTH:
_____	_____	_____	_____
(Must attach copy of SS#)			
3. NAME (First, MI, Last):	_____	4. GENDER:	FEMALE MALE
5. MAILING ADDRESS (#, Street, City, ZC):	_____	6. DAYTIME PHONE #:	_____
_____		7. MESSAGE PHONE #:	_____
_____		8. E-MAIL:	_____

ELIGIBILITY CRITERIA

- ARE YOU A U.S. CITIZEN OR A PERMANENT U.S. RESIDENT? YES NO
(Must attach copy of birth certificate or US Permanent Residency card)
- IF A PERMANENT U.S. RESIDENT, LIST CARD REGISTRATION # : _____
- ANNUAL FAMILY TAXABLE INCOME: \$ _____
(Must attach copy of current Income Tax Return)
- NUMBER OF FAMILY MEMBERS LIVING AT HOME: _____
- DO EITHER OF YOUR PARENTS HAVE A BACHELOR'S DEGREE? YES NO
IF YES, DEGREE: _____ YEAR OF GRADUATION: _____

ETHNICITY (You may check more than one)

AFRICAN-AMERICAN	ASIAN/PACIFIC ISLANDERS	WHITE (OTHER THAN HISPANIC/LATINO)
HISPANIC/LATINO	NATIVE-AMERICAN/ALASKAN NATIVE	OTHER

OTHER

HAVE YOU APPLIED TO UPWARD BOUND BEFORE? YES NO

IF YES, WHERE: _____ WHEN: _____

SCHOOL ATTENDING NOW: _____ GRADE: _____ COUNSELOR: _____

PRIMARY LANGUAGE SPOKEN BY PARENT(S)/GUARDIAN(S): _____

FAMILY INFORMATION

BROTHERS AND SISTERS

	AGE	Do they live with you?	
		YES	NO
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO

Financial Information: *(To be completed by Parent or Guardian)*

The personal information you give on the Upward Bound application is protected by the Federal Privacy Act. The information is required by the U.S. Department of Education to determine eligibility. Additionally, the Department of Education has authority (20USC 1231a) to gather information on all Upward Bound participants to monitor their progress. No one may see any information unless they work with or for the program or are specifically authorized to see the information. Individuals who violate the privacy act shall be subject to a fine of not more than \$1,000 or imprisonment not more than one year, or both, and shall be removed from employment (Title 28, Section 1905 USC).

List all sources of parent(s)/legal guardians(s) monthly and yearly income.

Father or male guardian's name: _____ **Occupation:** _____

Place of employment: _____ **Phone # at work** _____

Monthly salary: \$ _____ **Number of yrs. In school completed or degree:** _____

Relationship to student (if not natural father): _____

Mother or female guardian's name: _____ **Occupation:** _____

Place of employment: _____ **Phone # at work** _____

Monthly salary: \$ _____ **Number of yrs. In school completed or degree:** _____

Relationship to student (if not natural mother): _____

Other sources of income: *(check all appropriate boxes)*

Alimony Child Support Disability Pension/Retirement Social Security

Unemployment compensation Veteran's Welfare

Other (please specify) _____ **Total other income per month \$** _____

HEALTH INSURANCE CARRIER: _____ **Policy #** _____

EMERGENCY INFORMATION: Give the name, address and phone number of someone (a relative or friend) who does not live with you but can be contacted in the event of an emergency. A telephone number is mandatory!

Name	Address (City, State & Zip)
Telephone Number	Relationship of this person to you

I DO HEREBY AUTHORIZE THE FOLLOWING:

- **THE SCHOOL DISTRICT TO RELEASE THE TRANSCRIPTS OF MY CHILD TO THE COLLEGE OF THE DESERT UPWARD BOUND PROGRAM.**
- **CONSENT AND GRANT PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AND/OR RECORDED BY THE COLLEGE OF THE DESERT UPWARD BOUND PROGRAM AND THAT COD/UB SHALL OWN ALL RIGHTS OF EVERY KIND IN SAID PHOTOGRAPHY AND/OR RECORDING.**

STUDENT'S SIGNATURE: _____ **DATE:** _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

Certification: We certify that all information reported on this application is true, complete and accurate to the best of our knowledge. College of the Desert does not discriminate on the basis of race, creed, national origin, or handicap in administration policies, scholarship and loan programs, or in any of its other programs.

SELF RECOMMENDATION

Spend some time thinking about this section. We are interested in discovering how you feel about yourself as well as looking at your ability to write. Please answer the following questions.

- *What are your educational and career goals?*
- *Describe any honors, awards, or recognition that you have received (school, community, church, athletics)*
- *List your hobbies, talents, special interests, and the sports activities you are involved in.*
- *Why are you interested in becoming a participant in Upward Bound?*
- *How will you coordinate your extracurricular activities with your Upward Bound participation? (Remember UB is a Saturday school during the academic year and attendance is mandatory).*

On a **SEPARATE** sheet of paper *hand write* an essay of **AT LEAST ONE FULL PAGE OR MORE** on the following subject. Attach completed essay to the application.
(Less than one full page will not be accepted).

Tell us about a challenging or difficult situation, what your reaction was, how you overcame it and how it has changed you.

