



Upward Bound Application

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone #: _____

Student Cell #: _____ Age: _____ Birthdate: _____ Female: ___ Male: _____

Are you a citizen of the United States? Yes ___ No ___ Student's Email: _____

If, "No": Permanent Resident I.D. Number: _____

Current/Expected High School: ___ Coachella Valley ___ Desert Hot Springs ___ Indio

Circle Present Grade: 8 9 10 11 Current Cumulative GPA: _____

School ID #: _____ Counselor Name: _____

ETHNIC BACKGROUND: (You may check more than one)

- African-American
- Asian/Pacific Islander
- White (Other than Hispanic/Latino)
- Hispanic/Latino
- Native-American/Alaskan Native
- Other: _____

FAMILY INFORMATION

Guardian 1

Name: _____

Relationship: _____

Occupation: _____

Cell Number: _____

Email: _____

Highest Education Level Attained (please check one):

- Elementary (K-8) High School (9-12)
- Associate Degree Bachelor's Degree or Beyond

Have you completed a four-year Bachelor's Degree in the U.S.? Yes _____ No _____

Language Spoken at home? _____

Guardian 2

Name: _____

Relationship: _____

Occupation: _____

Cell Number: _____

Email: _____

Highest Education Level Attained (please check one):

- Elementary (K-8) High School (9-12)
- Associate Degree Bachelor's Degree or Beyond

Have you completed a four-year Bachelor's Degree in the U.S.? Yes _____ No _____

Language Spoken at home? _____

Name of Sibling(s):	Age:	Do they live with you?	Are they in Upward Bound?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



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INCOME DOCUMENTATION INFORMATION: (To be completed by guardians)

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).

Total number of dependents (please include parents and students): _____

Please check the **annual taxable** income range appropriate for your family. (Note: this information is required by the federal government to ensure we are providing services within our guidelines. Line 43-Form 1040, Line 27- From 1040 A).

You are required to provide a current copy of your annual tax form.

- ___ <\$23,475 or less
- ___ \$23,475-\$31,725
- ___ \$31,725-\$39,975
- ___ \$39,975-\$48,225
- ___ \$48,225-\$56,475
- ___ \$56,475-\$64,725
- ___ \$64,725-\$72,975
- ___ \$72,975-\$81,225
- ___ >\$81,225

Non-taxable Income: If you (parent/guardian) received non-taxable income from the previous year, please check the source(s) below:

- ___ Unemployment Benefits ___ AFDC ___ VA Benefits
- ___ Retirement Benefits ___ Food Stamps ___ Disability Benefits
- ___ Social Security Benefits ___ Other Sources (specify): _____

Is the applicant a ward of the county? Yes ___ No ___

If yes, provide Caseworker's Name: _____

Caseworker's Phone Number: _____

Do you participate in your school's free or reduced lunch program? ___ Yes ___ No

Please Check: Free Lunch ___ Reduced Lunch ___ Full Price Lunch ___

(U.S. Department of Education,
01/15/2025)

RECORD AUTHORIZATION

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.
- 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.
- GRANT PERMISSION FOR COLLEGE OF THE DESERT UPWARD BOUND TO OBTAIN AND TRACK MY CHILD'S POST-SECONDARY ENROLLMENT INFORMATION.

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.



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MINI TOPICS

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?

- Why are you interested in becoming a participant in Upward Bound?

- List the extracurricular activities you plan to get involved in High School? (clubs, sports, organizations, etc.).



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CLASS SCHEDULE

Write your present class schedule below. Include all sports, clubs and/or extracurricular activities that you participate in during the school year.

Period Number	Class	Teacher

WORK OR VOLUNTEER EXPERIENCE

Please list any job or volunteer work (including summer employment) you have held during the past two years.

Position or Type of Work	Employer	When did you work	How many hrs./week