



COLLEGE  
of the  
DESERT

# 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.



# Upward Bound Application

## 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?

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

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

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# Upward Bound Application

## 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