



Upward Bound
Fox Cities Rotary
Multicultural Center
128 North Oneida
Appleton, WI 54911
(920) 882-4056
Fax: (920) 882-4060

STUDENT APPLICATION

DATE: _____

I. STUDENT INFORMATION

1. STUDENT'S FULL LEGAL NAME: _____
Last First Middle
2. PREFERRED NAME: _____
3. ADDRESS: _____
Street Address or P.O. Box Number
- _____
- City State Zip
4. TELEPHONE: (____) _____ 5. SOCIAL SECURITY NUMBER: _____ - _____ - _____
(Area Code) Number
6. BIRTH DATE: _____ 7. AGE: _____ 8. SEX: FEMALE MALE
Month / Day / Year
9. SCHOOL: _____ 10. GRADE: 9th 10th 11th 12th
(circle one)
11. ETHNIC/RACIAL BACKGROUND: AMERICAN INDIAN - TRIBE: _____
AFRICAN AMERICAN/BLACK HISPANIC/LATINO ASIAN AMERICAN
CAUCASIAN OTHER - IDENTIFY: _____
12. LANGUAGE SPOKEN IN HOME: ENGLISH OTHER _____
13. WITH WHOM DO YOU LIVE? (Circle one)
PARENT(S) OTHER RELATIVES: RELATIONSHIP TO YOU? _____
OTHER - SPECIFY: _____
14. ARE YOU A U.S. CITIZEN YES _____ NO _____
IF NOT, WHAT TYPE OF VISA OR RESIDENT REGISTRATION DO YOU HAVE? _____
- _____

SELF-PROFILE (TO BE COMPLETED BY STUDENT)

(Please answer in complete sentences. Feel free to use additional paper if needed)

1. WHY DO YOU WANT TO PARTICIPATE IN UPWARD BOUND? _____

2. IN WHAT CLASSES (IN HIGH SCHOOL) DO YOU FEEL YOU DO YOUR BEST WORK? _____

3. WHAT CLASSES ARE MOST DIFFICULT FOR YOU? _____

4. WHAT EXTRA CURRICULAR ACTIVITIES DO YOU PARTICIPATE IN? _____

5. WHAT DO YOU PLAN TO DO AFTER HIGH SCHOOL GRADUATION? _____

6. WHAT TYPE OF CAREER(S) ARE YOU INTERESTED IN PURSUING AFTER HIGH SCHOOL? _____

7. WHAT DO YOU LIKE TO DO IN YOUR SPARE TIME? (hobbies, sports, interests)

8. DO YOU HAVE A JOB? WHERE? HOW MANY HOURS PER WEEK DO YOU WORK? _____

9. WHAT TYPE OF ACTIVITIES WOULD YOU LIKE TO SEE OFFERED BY UPWARD BOUND?

10. CAN YOU ATTEND PROGRAMS HELD ON SATURDAYS DURING THE ACADEMIC YEAR? _____
11. CAN YOU ATTEND DAILY SUMMER PROGRAMMING? (approx. JUNE 15-JULY 30) _____
12. WHAT WOULD YOU LIKE US TO KNOW ABOUT YOU IN ORDER FOR US TO UNDERSTAND YOU
BETTER? _____

13. ARE THERE ANY OBSTACLES IN YOUR LIFE THAT MAY PREVENT YOU FROM GRADUATING
HIGH SCHOOL AND/OR ENROLLING INTO A COLLEGE OR UNIVERSITY?

STUDENT'S SIGNATURE: _____ DATE: _____

II. PARENT/FINANCIAL INFORMATION

A parent, guardian, or other adult legally responsible for the applicant must complete this form. The information is required by the United States Department of Education to determine eligibility for participation in Upward Bound. Information will be kept confidential, but must be on file before the applicant can be considered for selection.

1. STUDENT'S FULL LEGAL NAME: _____
Last First Middle

Mother/Female Guardian Info:

2. MOTHER/FEMALE GUARDIAN NAME: _____

3. DOES MOTHER/FEMALE GUARDIAN LIVE IN HOME/RESIDE WITH STUDENT APPLICANT? YES_NO__

4. ADDRESS: _____
(if different than student's)

5. SOURCE OF INCOME: Wages Disability Other _____

6. OCCUPATION: _____ WORK PHONE: (_____) _____

7. PLACE OF EMPLOYMENT: _____

8. RELATIONSHIP TO APPLICANT, IF NOT MOTHER _____

9. HAS MOTHER/FEMALE GUARDIAN GRADUATED FROM A FOUR-YEAR COLLEGE? YES__ NO__

Father/Male Guardian Info:

10. FATHER/GUARDIAN NAME: _____

11. DOES FATHER/MALE GUARDIAN LIVE IN HOME/RESIDE WITH STUDENT APPLICANT? YES__ NO__

12. ADDRESS: _____
(if different than student's)

13. SOURCE OF INCOME: Wages Disability Other _____

14. OCCUPATION: _____ WORK PHONE: (_____) _____

15. PLACE OF EMPLOYMENT: _____

16. RELATIONSHIP TO APPLICANT, IF NOT FATHER _____

17. HAS FATHER/MALE GUARDIAN GRADUATED FROM A FOUR-YEAR COLLEGE? YES__ NO__

STUDENT APPLICANT NAME: _____

PARENT/FINANCIAL INFORMATION (CONTINUED)

TAXABLE FAMILY INCOME as reported on Federal Tax Forms for the last calendar year. If no return was filed, please estimate last calendar year income: (You may include a copy of your federal tax forms, i.e. 1040A, 1040, etc.)

\$ _____

TOTAL NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD: _____

LIST OTHERS IN THE HOUSEHOLD (INCLUDING APPLICANT AND PARENTS)

LAST NAME	FIRST NAME	AGE	RELATIONSHIP TO APPLICANT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT NOTHING IS CONCEALED OR OMITTED. I AGREE TO PROVIDE PROOF OF MY INCOME FOR VERIFICATION TO THE UPWARD BOUND PROGRAM. I AUTHORIZE THE FOX CITIES ROTARY MULTICULTURAL CENTER UPWARD BOUND PROGRAM TO VERIFY BENEFITS FROM ANY SOCIAL SERVICE AGENCIES LISTED ON THE FIRST PAGE OF THIS FORM.

PARENT/GUARDIAN SIGNATURE _____

SOCIAL SECURITY NUMBER OF HEAD OF HOUSEHOLD: _____ - _____ - _____

DATE _____

**Upward Bound
Fox Cities Rotary Multicultural Center
128 North Oneida
Appleton, WI 54911
(920)882-4056
Fax: (920)882-4060**

AUTHORIZATION TO PROVIDE TRANSCRIPTS

TO: High School Principal or Guidance Counselor:

Please provide a copy of my high school transcript and relevant test scores to:

Upward Bound Program
Fox Cities Rotary Multicultural Center
128 N. Oneida Street
Appleton, WI 54911

Upward Bound requests this information in compliance with the Office of Education requirements and in accordance with the Student Right Act of 1975.

This permission for access remains valid until rescinded in writing.

Dated the _____ day of _____ 20____.

Student Signature

Parent/Guardian Signature

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III. RECOMMENDATION FORM

TO THE APPLICANT: Fill out the top portion of this form. Then give it to a teacher, Counselor or school staff to fill out. Each student must submit a minimum of 2 recommendation forms. **DO NOT GIVE IT TO A RELATIVE.**

Student Name_____

High School_____ Grade_____

Home Address_____

Street Address or P.O. Box Number

City

State

Zip

UPWARD BOUND is an educational program designed to assist students who have academic potential but are not performing up to the level of their ability. The goal is to have participants graduate from high school and enter some type of post-secondary education or training.

The information will be kept confidential, but must be on file before an applicant can be considered for selection. Your cooperation in completing and returning this form is appreciated.

1. What qualities does the student possess that will help him or her achieve success? _____

2. What weaknesses, both academic and social should Upward Bound be aware of with this student? _____

3. Do you feel the student is committed to improving himself/herself? Why? _____

4. Does the student have any problems with attendance or tardiness? _____

5. Does the applicant have any post-secondary plans that you are aware of? Yes_____ No_____

If Yes, please elaborate: _____

6. Other comments or observations that might help us to serve this student better:

Student Name: _____

(Recommendation form, page 2)

Please Check All That Apply:

	Excellent	Good	Average	Below Average	Does Not Apply
Attendance					
Basic academic skills					
Reading skills					
Comprehension skills					
Math/Computation skills					
Classroom participation					
Self-Confidence					
Self-Responsibility					
Self-Discipline					
Motivation					
Maturity					
Positive attitude					
Dependability					
Creativity					
Leadership ability					
Rapport with peers					
Rapport with teachers					
Rapport with adults					
Assertiveness					

Print Name

Title

Date

Signature

Telephone Number

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Print Name

Title

Date

Signature

Telephone Number