

"The future belongs to those who believe in the beauty of their dreams."

-Eleanor Roosevelt

To Be Completed By the Student

Date: _____

Personal Information:

Name: _____ Gender: _____ Date of birth: _____
First Middle Last M/F mm/dd/yyyy

Address: _____ Zip code: _____ Phone no.: _____

E-mail: _____ Social Security No.: _____

Ethnicity (check all that apply): American Indian Asian African-American Hispanic/Latino
 Caucasian Native Hawaiian/Pacific Islander Hmong Other

Are you a U.S. citizen? Yes No If not, list your alien number here: A _____,
and attach a two-sided copy of your I94 or green card.

Educational Information:

Your current school: _____ Grade: _____ Cum. GPA: _____

High school you will be attending: _____

Your strongest subject(s): _____

Your weakest subject(s): _____

Do you have any special academic needs? Yes No

If yes, please specify: _____

Employment Information:

If you are currently working, who is your employer? _____ Phone: _____

If not, do you plan to work during high school? Yes No If yes, during which grades? _____

128 N. Oneida Street, Appleton, WI 54911 Phone: (920) 955-3655 www.fvcupwardbound.com

To Be Completed By the Parents/Guardians

Parent/Guardian Information:

Name: _____ Gender: _____

Address: _____

Phone: _____

Occupation: _____

Employer: _____ Phone: _____

Highest grade completed in school: _____

Did you receive a Bachelor's Degree? ___ Yes ___ No

What is your relationship to the student? _____

Does student live primarily with you? ___ Yes ___ No

Name: _____ Gender: _____

Address: _____

Phone: _____

Occupation: _____

Employer: _____ Phone: _____

Highest grade completed in school: _____

Did you receive a Bachelor's Degree? ___ Yes ___ No

What is your relationship to the student? _____

Does student live primarily with you? ___ Yes ___ No

What is the total number of persons (including the student applying) living in your household? _____

The Fox Valley Collaborative Upward Bound Program is sponsored by a grant from the U.S. Department of Education. Federal regulations require that a portion of the Upward Bound participants meet certain family income guidelines. The income information asked for below will be held in strictest confidence and will be released to no one except the Department of Education representatives for audit purposes. All requested income documentation is required to complete the application.

Household Income Information:

Did you file a federal income tax return for last year?

___ Yes (**IMPORTANT:** Attach a copy of the prior year's federal income tax form (1040, 1040A or 1040EZ) in which the student was claimed as an exemption)

___ No, I did not file a federal income tax return for last year

If yes, please list the number of exemptions you claimed on your federal income tax return (line 6d) _____

Indicate if any of the following were income sources for you last year. Check all that apply.

___ Public welfare (food stamps, etc.) Amount monthly \$ _____

___ Social Security Amount monthly \$ _____

___ Veteran's benefits Amount monthly \$ _____

___ Child support Amount monthly \$ _____

___ Other Amount monthly \$ _____

By signing below, I verify that all of the above information is true and correct to the best of my knowledge, and that nothing is concealed or omitted.

Signature: _____

Date: _____

To Be Completed By the Parents/Guardians

Information on the student:

1. What do you perceive to be your son or daughter's

Academic strengths: _____

Academic weaknesses, if any: _____

Personal strengths: _____

Personal weaknesses, if any: _____

2. What would you like your son or daughter to gain from joining Upward Bound? _____

3. Please let us know any other information about your student's qualifications that you would like the staff to consider.

Medical & Health Information

The Fox Valley Collaborative Upward Bound Program requests the information below in order to respond quickly and efficiently in the case of a medical emergency during program activities.

Student's Name: _____ Birth Date: _____

Parent/Guardian Name: _____ Home Phone: _____

Parent/Guardian Address: _____ Work Phone: _____

Is student covered by insurance? (this includes Medical Assistance) Yes No

If yes, please specify:

Insurance company's name: _____

Type: Health Accident Major Medical

Policy Number: _____ Expiration Date: _____

Does student have any physical condition or handicap that requires special medical treatment, diet, or other considerations? Yes No

If yes, please explain:

I authorize the Fox Valley Collaborative Upward Bound Program to provide emergency medical treatment and other necessary medical services for my child during the entire period that he/she is enrolled in the Upward Bound Program.

Parent/guardian signature

Date

Permission To Travel/Release Form

_____ has my permission to travel with the Fox Valley
(Full Name of Student)

Collaborative Upward Bound Program by way of chartered vehicles for the purpose of fundraising events, educational, social/cultural and recreational enrichment, both during the academic year and summer school components of the program, for the duration that my child is enrolled in the program. I understand that travel will consist of in and out-of-state field trips such as a senior trip, college visits, attending museums, etc.

I understand that the Fox Valley Collaborative Upward Bound Program may take photographs of participants and activities. I agree FV-CUB shall be the owner of and may use such photographs relating to the promotion of future activities. I relinquish all rights that I may claim in relation the use of said photographs.

By signing below, I agree to hold harmless and indemnify the Fox Valley Collaborative Upward Bound Program, their officers, employees, and agents from any and all liability, loss, damages or expenses which are sustained or required during the course of these events.

**I give my permission to _____ to release their student
(name of high school / middle school)**

records (transcripts, progress reports, standardized test scores, attendance records, etc.) and other related information on my child to the Fox Valley Collaborative Upward Bound Program.

Parent/Guardian signature

Date