

Date:		Name:	
Social Security #:		School ID #:	Email Address:
Mailing Address: Street and Apt. No.			
City		State	Zip
Home Phone Number:		Alternative Phone Number:	
Date of Birth:	Age:		Gender: _____ Male _____ Female
Ethnic Background: ____ Hispanic/Latino ____ American Indian/Alaskan Native ____ Asian ____ Other _____ ____ African American or Black ____ White ____ Native Hawaiian or other Pacific Islander			U.S. Citizen: ____ YES ____ NO
High School/School Currently Attending:		Current Grade Level:	GPA:
Principal's Name: (Dr., Mr., Mrs., Miss)		Counselor's Name: (Dr., Mr., Mrs., Miss)	
My grades are usually (check one) A's _____ B's _____ C's _____ D's _____ F's _____ In the 90's _____ In the 80's _____ In the 70's _____ Below 70 _____			
Are you a participant in a summer program or educational program during the school year? ____ Yes ____ No If yes, name the program: _____			
FOR OFFICE USE ONLY FAMILY INCOME _____ TAXABLE _____ NON-TAX _____ NO. IN FAMILY _____ 1ST GEN. COL. _____ YES _____ NO LI _____ YES _____ NO ACADEMIC NEED _____ YES _____ NO		FOR OFFICE USE ONLY DATE RECEIVED _____ ACCEPTED _____ YES _____ NO REJECTED _____ YES _____ NO WAIT LIST _____ YES _____ NO	

PART II – FAMILY BACKGROUND

The following sections (PARTS II, III and IV) must be completed and signed by the applicant's parent or guardian. The information is required by the U.S. Department of Education, which provides funding for the Upward Bound Program. It will be used solely for the determination of the applicant's eligibility for acceptance into the Program. It will be kept in the strictest confidence.

Do you live with both parents? (If No, only give information on the parent you live with.)

Yes _____ No _____

Are either of your parents a college graduate? Yes _____ No _____

If "Yes," name the college

Father or Male Guardian

Mother or Female Guardian

If "No," sign the following statements:

I, _____, am not a 4-year college graduate.

(Please Print) Father or Male Guardian

Signature of Father or Male Guardian

I, _____, am not a 4 year college graduate.

(Please Print) Mother or Female Guardian

Signature of Mother or Female Guardian

Give the names of your sisters or brothers below 18 years of age who live in the home in which you live:

Give the names of your sisters or brothers in college:

When you graduate from high school where do you want to go?

College _____ Vocational School _____ Technical College _____ Other _____

Claflin University does not discriminate on the basis of Race, Color, Religion, Sex, Handicap/Disability, National Origin or Veteran Status

PART III – FAMILY INCOME

Is your Father (Male Guardian) employed? YES _____ NO _____	
Is your Mother (Female Guardian) employed? YES _____ NO _____	
If you checked "yes," for either or both, give the following information:	
First and Last Name of Father or Male Guardian:	First and Last Name of Mother or Female Guardian:
Social Security Number:	Social Security Number:
Name of Employer:	Name of Employer:
Employer's Address:	Employer's Address:
Salary (monthly):	Salary (monthly):

Verification of Income

If you have answered YES to the above, please submit one of the following three items with your application.

a. A signed United States income tax return: 1040, 1040A, or 1040 EZ attached.
b. A signed statement from the student's parent or legal guardian regarding family income.
c. A signed statement of other untaxed income.

If you answered "NO," what sources of income do your parents or guardians have? Mark only those that pertain to your family and attach documentation (computer printout, letter or statement from a governmental source, etc.):

_____ Welfare.....	Amount \$ _____	monthly
_____ Social Security.....	Amount \$ _____	monthly
_____ Veterans' Benefits... ..	Amount \$ _____	monthly
_____ Other (name).....	Amount \$ _____	monthly

Do you receive a Social Security check in your name? Yes _____ No _____
If you answered "yes," give the amount : \$ _____ monthly
How many persons live on your family income?
Is applicant eligible for the school lunch program? _____ Not Eligible _____ Free _____ Reduced

**STUDENT AUTHORIZATION FOR RELEASE OF RECORDS
and
PHOTOGRAPHIC/AUDIO RELEASE**

I hereby grant permission for the Upward Bound Program at Claflin University to receive any pertinent records from my high school and/or College that may be useful for the purpose of evaluation, guidance and educational follow-up. These records may include: Grade point averages (GPA), Transcripts, Standardized Test Scores, Teacher and/or Counselor evaluations. I further authorize the Upward Bound staff to make copies of any or all of these records with the understanding that all records will remain confidential. If I am accepted into the program, I agree that all photographs taken during the program, papers written during the program, and similar items may be used by the Upward Bound Program in reports, other public information materials and venues including the Program's newsletter and the official Claflin University Upward Bound Web site.

Student Signature

Date

Parent Signature

Date

Address

City

State

Zip Code

**Claflin University
Upward Bound Program
400 Magnolia Street
Orangeburg, SC 29115**

Phone: 803-268-1144

Fax: 803-534-8323

**Our office is located is located at
887 Goff Ave.
Orangeburg, SC 29115**

Web address:

http://www.claflin.edu/Student_Development/UpwardBound.html