



Upward Bound Program  
 Servicing Valley, Century, Santa Ana  
 and Saddleback High Schools  
 (714) 278-3254 / Fax (714) 278-2364

Thank you for your interest in the Upward Bound Program. The key to completing our application for admission is to read the directions carefully, complete each item thoroughly and neatly, and lastly, submit it on time. If you have any questions about the application process, feel free to call us at (714) 278-3254.

**STUDENT INFORMATION:** **Application Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Are you:  U.S. Citizen  Permanent Resident

Do you participate in the following lunch program? Free lunch program?  Yes  No

Reduced lunch program?  Yes  No

Are you a ward of court?  Yes  No

Do you have a disability?  Yes  No If yes, explain: \_\_\_\_\_

Are you presently a participant of:

- Upward Bound  MESA  Academy  EAOP
- Talent Search  CALSOAP  Gear Up  Other \_\_\_\_\_

The following documents must be submitted:

- Copy of Social Security Card
- Copy of Permanent Resident Card (if applicable)
- Current Transcripts
- Verification of all income sources IS required

## EMERGENCY INFORMATION

In case of an emergency please contact:

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: ( ) \_\_\_\_\_ Cell#: \_\_\_\_\_

Work Number: ( ) \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: ( ) \_\_\_\_\_ Cell#: \_\_\_\_\_

Work Number: ( ) \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

## FAMILY INFORMATION

With whom do you live?  Both parents  Mother only  Father only  Other \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is your mother presently employed?  Yes  No

Did your mother graduate from high school?  Yes  No

Did your mother earn a bachelors degree from a college or university in the U.S.?  Yes  No

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is your father presently employed?  Yes  No

Did your father graduate from high school?  Yes  No

Did your father earn a bachelors degree from a college or university in the U.S.?  Yes  No

How many of your brothers and sisters have graduated from college? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Please list all persons related to applicant living at home:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

# FINANCIAL INFORMATION

**Note to parents/guardians:** The U.S. Department of Education requires that the following information be provided for all participants prior to program entrance. All documentation will be held strictly confidential by the Upward Bound Program at California State University, Fullerton. Please fill out either section A and/or B depending on your source of income.

**Number of family living at home:** (including yourself) (please circle)

1      2      3      4      5      6      7      8      9      10      other: \_\_\_\_\_

## A

### For Applicants from Families that File Annual Income Tax Forms

Financial information based on current IRS Tax Information Form 1040, 1040A, or 1040EZ.

\_\_\_\_\_ Tax Form  
(1040, 1040A, 1040EZ)

Taxable Income \$ \_\_\_\_\_

**A copy of your IRS 1040 tax form MUST accompany this application**

## B

### For Applicants from Families that DO NOT FILE Annual Income Tax Forms

**INCOME FROM WORK:** If the applicant's family did not file an IRS Tax Form, what was the parents' annual income from work? \$ \_\_\_\_\_

**OTHER INCOME:** If the applicant's family receives other forms of income or assistance, please provide the monthly amount for each type of aid.

Social Security \$ \_\_\_\_\_

AFDC \_\_\_ State Disability \_\_\_ Workers Compensation \_\_\_ \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Unemployment Benefit \$ \_\_\_\_\_

Other (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME:** (Add Income from Work + other Income) \$ \_\_\_\_\_

**Please submit appropriate documentation.** (Examples include work check stubs, W2 forms, Notice of Action letters, Social Security/Disability/Unemployment payment stubs, receipts, affidavits, or other documentation, which verify receipt of other income or aid.)

**ALL MUST SIGN:** I certify that the above information is true to the best of my knowledge. I give the school my consent to provide my son/daughter's transcripts, free/reduced lunch program verification, and/or any documentation needed to ensure their enrollment in the Upward Bound Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Student's Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI)  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

**PERMISSION TO ACCESS RECORDS**

I hereby give the Upward Bound Program staff permission to have access to report cards, high school transcripts, college/university transcripts, standardized test results and other pertinent information. I understand that this permission will be in effect throughout my son's/daughter's participation in the Upward Bound Program and six years after their high school graduation.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FIELD TRIP PERMISSION**

I hereby give my permission to the Upward Bound Program staff to take my son/daughter on field trips to colleges, cultural, educational and recreational centers. This permission is given for Upward Bound approved activities and will be in effect as long as my son/daughter is in the Upward Bound Program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL CONSENT**

Health Status:

Does your child have any past or present health problem or conditions?

Yes  No If yes, explain: \_\_\_\_\_

Is your child allergic to any medication?

Yes  No If yes, which: \_\_\_\_\_

Name of family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Emergency:

Is your child covered by health insurance?

Yes  No If yes, which: \_\_\_\_\_ Medical # \_\_\_\_\_

In case of emergency, please contact parent/guardian at:

Name of Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

If parent/guardian is not available, please contact:

Name of contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Medical Release:

I will agree to indemnify and save and hold harmless California State University, Fullerton the California State University, Fullerton, Foundation, its officers, agents and employees from and against any and all claims and liabilities which may arise out of or result from or be in any way connected directly or indirectly while participating in the program. Also, I consent to emergency treatment of my son/daughter by the staff of California State University, Fullerton, Foundation and/or by the staff of an accredited hospital or clinic if this is deemed necessary by California State University, Fullerton, Foundation Upward Bound staff. I understand that any expenses resulting from an injury or illness that requires treatment for my son/daughter, which is not covered by the program insurance, will be my responsibility. I understand that I will be notified of illness or emergency as soon as possible.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## STUDENT INTEREST INVENTORY

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

List school activities or clubs in which you participate \_\_\_\_\_

\_\_\_\_\_

List activities outside of school in which you participate \_\_\_\_\_

Do you have a job?     Yes     No            How many hours per week do you work at your job? \_\_\_\_\_

Have you thought about going to a college or a university?                     Yes             No

How many times do you meet with a school counselor?

0-1 per semester

2-5 per semester

5+ per semester

How much do you know about:

College Admissions                     very little             some             a lot

Financial Aid                     very little             some             a lot

SAT / ACT tests                     very little             some             a lot

What career interests you? \_\_\_\_\_

What is your favorite school subject? \_\_\_\_\_

What is your least favorite school subject? \_\_\_\_\_

Check the kind of help you would like to receive from the Upward Bound Program:

Improving my grades

Help with homework

Career information

Someone to talk to about a problem

Financial aid information

Advice on what classes to take next year

College information

College campus tour

Other : \_\_\_\_\_



## ESSAY:

The following questions will help us get to know you. There are no “right” or “wrong” answers. Read each question carefully, then answer the question in your own words. Remember to write in complete sentences and use correct spelling and punctuation. Write a 1-2 page essay for each question on a separate piece of paper.

1. If you had an opportunity to interview a historical figure/person WHO would it be and WHY would you select this individual? WHAT would you talk about?
2. Write an autobiography (a story about yourself). You may ask your English instructor for assistance. The following guide may help you structure your essay:

First paragraph: Introduce yourself; include any information about your school and your family.

Second paragraph: Write about your background; where and how were you raised; include any interesting incidents in your life.

Third paragraph: Include your college career plans and your plans for the future.

Fourth paragraph: Explain what role the Upward Bound program will have in your life and why you want to be in this program.

After you have completed the application, including your autobiography and letters of recommendation, turn it in to the Upward Bound representative at your school. If you have any questions about the application process, feel free to contact us at:

California State University Fullerton, Upward Bound Program, University Hall 215, P.O. Box 6870, Fullerton, CA 92834-6870, (714) 278-3254



Upward Bound Program  
(714) 278-3254 / Fax (714) 278-2364

**COUNSELOR RECOMMENDATION**

Student's Name: \_\_\_\_\_  
(Last) (First) (MI)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The student named above is seeking admission into the Upward Bound Program, a project funded by the U.S. Department of Education designed to assist eligible students to enter and succeed in college. We need your assistance in assessing the qualifications of this student by answering the following questions. Thank you for your cooperation.

How long have you known the student? \_\_\_\_\_ Overall GPA? \_\_\_\_\_

Please check the areas in which you feel the student needs improvement:

- Study Habits
- Career Awareness
- Self-Esteem
- Attendance
- Academic Attitude
- Social Skills
- Personal Awareness
- Other: \_\_\_\_\_

Does the student have the potential to succeed in postsecondary education?

- Yes
- No
- Unsure

Please check your assessment of the student's postsecondary potential:

- College or University
- Community College
- Vocational Technical School
- Armed Forces
- Other
- Unknown

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature Please Print Name Date

**Please return this form directly to the Upward Bound representative at your school.**



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**TEACHER RECOMMENDATION**

Student's Name: \_\_\_\_\_  
(Last) (First) (MI)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The student named above is seeking admission into the Upward Bound Program, a project funded by the U.S. Department of Education designed to assist eligible students to enter and succeed in college. We need your assistance in assessing the qualifications of this student by answering the following questions. Thank you for your cooperation.

How long have you known the student? \_\_\_\_\_

Please indicate the student's performance in each of the areas listed below:

	High	Average	Below Average	Poor
Willingness to learn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Aptitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to try new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation/Effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Management Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_ Please Print Name \_\_\_\_\_ Subject \_\_\_\_\_

Please return this form directly to the Upward Bound representative at your school.



## Visual/Audio Image Release Form

I grant permission to California State University, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. CSU will not materially alter the original images. I agree that CSU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release CSU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact, and I freely accept the terms.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone or email address

\_\_\_\_\_  
Parent or Guardian if under 18 years of age    Address (optional)

Project name: Photographer name/signature/contact information/notes.
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