

FOR OFFICE USE ONLY

Date Received _____
 Taxable Inc. _____
 Eligib. Index _____
 Difference _____
 ___ Eligible ___ L.I. ___ L.I./F.G. ___ F.G. Only
 Accept/Reject Date _____
 Elig. Year _____
 Comments _____

 GPA at Entry _____
 Grade at Entry _____



3800 Charco Road
 Beeville, TX 78102
Where your Future Begins!
 OFFICE: 361-354-2715
 FAX: 361-354-2704

Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, sex, age or disability.
 Age/gender/ethnic and income information is required by the Department of Education.
 Upward Bound is 100% federally funded with an annual award of \$383,533.

Upward Bound Application

Student Information

(1) Name _____ (2) Social Security Number _____

(3) Mailing Address _____
Street or PO Box City/State/Zip

(4) Phone Number _____ (5) Email address _____

(4a) Cell Phone Number: _____ (4b) Phone Number of nearest relative _____

(6) Sex _____ (7) Birthdate _____ (8) Age _____

(9) Citizenship: U.S. Citizen ___ Yes ___ No

Permanent Resident Alien _____ Card #A _____

(10) Ethnic Background: ___ Hispanic ___ White ___ African American ___ American Indian ___ Asian ___ Other

(11) Name of School Attending _____ Grade _____

(12) Are you on the free/reduced lunch program? ___ Yes ___ No

(13) Are you, the student, employed? ___ Yes ___ No

If yes, Place of employment: _____ Number hours per week _____

 Student Signature

 Date

Household Information: The personal information you give on the application is protected by the Federal Privacy Act. The U.S. Department has the authority to gather information on all Upward Bound participants to determine eligibility and monitor their progress. No one may see any information unless they are specifically authorized to see the information.

	Mother/Female Guardian	Father/Male Guardian
Name;		
Mailing Address/City/State/Zip:		
Employer/Position		
Work/Mobile Phone Number		
Lives in household?		
Do you have a Bachelor's Degree?		
Marital status of parent/guardian: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Number of persons living in same household including applicant:		

Financial Information: Income verification is required by the Department of Education and the Upward Bound Program. Please submit a signed copy of last year's tax form (1040, 1040A, 1040EZ).

The Application will not be considered without financial information.

Tax filing status (please check) <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Head of household <input type="checkbox"/> Single
TAXABLE income (as reported on last year's tax form) \$
Number of exemptions claimed on income tax form:

Educational Information

(1) What high school academic track are you pursuing?
 ___ Regular high school diploma ___ Recommended high school diploma
 ___ Distinguished high school diploma

(2) Circle the grade(s) you usually earn: A, B, C, D, F
 If you failed any course during a six week period list the course(s):

(3) Check the blanks that apply in relation to the STARR.

<u>Section</u>	<u>Passed</u>	<u>Not Passed</u>	<u>Not Taken</u>	<u>Exempt</u>
Reading				
Writing				
Math				

(4) Do you know what type education major/career you want to pursue? Yes No
If Yes, what?

(5) What is your goal after high school? Vo/tech training Work Military 2-year college
 4-year college Undecided Other

(6) Have you chosen any particular college(s) or vocational school(s)? Yes No
If Yes, please list:

(7) Will you be needing financial assistance for college? Yes No

(8) Check any one of the following workshops you need and would like to attend in order to help accomplish your educational and career goals.

- | | | |
|---|--|---|
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Decision Making | <input type="checkbox"/> Choosing a College |
| <input type="checkbox"/> Test Taking Skills | <input type="checkbox"/> Career Awareness | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> Self-Awareness | <input type="checkbox"/> College Preparation | <input type="checkbox"/> College Hours |

(9) In what extra-curricular activities are you involved?

(10) List any honors or awards you have received:

(11) Why do you wish to join Upward Bound?

(12)*Are you able to participate on Saturdays during the school year? Yes No

(13)*Are you able to participate in summer residential program? Yes No

**Participation in both components Saturdays and summer, is required.*

LIABILITY RELEASE FORM: I, _____

voluntarily agree to allow my child to attend Coastal Bend College sponsored event(s). In consideration of the privilege of attending events, going on trips, et., **I HEREBY AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS COASTAL BEND COLLEGE, ITS SCHOOL OFFICIALS AND TRUSTEES, AS WELL AS ITS EMPLOYEES** (HEREAFTER REFERRED TO COLLECTIVELY AS “THE COLLEGE”) from any and all claims, and/or caused of action, liabilities and damages of any and every character, and without regard to the cause thereof, under common law of statute, for injuries of damages resulting from the acts or omissions of the College or any third party, including, but not limited to claim for negligence and/or gross negligence.

CERTIFICATION: This is to certify that the information provided in this application is correct to the best of my knowledge. Also, I authorize Upward Bound to obtain copies of my son’s/daughter’s transcripts, test scores, financial aid awards, and other materials necessary for participation in the program such as campus location information from PEIMS as submitted to the Texas Education Agency. I will also grant permission for my son’s/daughter’s pictures to be published in Upward Bound materials such as newsletter, annual reports, web pages and recruiting presentations and release CBC from any liability related to publicity involved my child.

FERPA WAIVER: The Family Educational Rights and Privacy Act of 1974 establishes the privacy rights of students (parents if the student is under 18) with regard to educational records. The act makes provision for inspection, review and amendment of educational records by the student and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent must be in writing, signed and dated by the student and must specify records to be released, the reason for the release, and the names of the parties to whom such records will be released. The act applies to all persons formerly and currently enrolled at an educational institution. No exclusion is made for non-U.S. citizen students. However, the act does not apply to a person who has applied for admission, but who never actually enrolled in or attended the institution, and deceased persons.

I hereby give permission for Coastal Bend College personnel to provide information concerning my academic record to Upward Bound Program personnel. This form must be completed in order for Coastal Bend College to comply with the request.

Waiver will be in effect until rescinded by student.

Parent/Guardian Signature

Date Signed

Student Signature

Date Signed

Please submit the additional items to complete the application:

1. -----Copy of student’s last report card.
2. -----Copy of student’s transcript (if applicable)
3. -----Copy of student’s class schedule
4. -----Copy of student’s 8th grade confidential STAAR report
5. -----Copy of student’s 9th grade confidential STARR report
6. -----Copy of student’s immunization record
7. -----Recommendation form completed by your school counselor.
8. -----Copy of parent(s)/guardian most recent income tax return (signed by parent)