

## Section I: Student Information - Please fill out as completely as possible

Full Name: \_\_\_\_\_  
last first middle

Address: \_\_\_\_\_  
street apt / unit no.  
 \_\_\_\_\_  
city state zip

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ Expected Grad Year: \_\_\_\_\_

Are you a US citizen?  Y  N If "No," what is your ALIEN registration number? \_\_\_\_\_

Primary Language at home: \_\_\_\_\_ Gender:  M  F School \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Ethnicity:  African American  American Indian  Latino  
 (check all that apply):  Asian  White/Caucasian  Native Hawaiian / Islander

Are you currently enrolled in another College Access Program?  None  AVID  TRiO ETS  Upward Bound  CSF

## Section II: Parent / Guardian Information - To be filled out by student's parent or guardian.

### Parent / Guardian #1 Name:

How is this person related to the student? \_\_\_\_\_  
last first middle  
 Parent Step-Parent Foster Parent Guardian

Is this person the student's primary caretaker?  Y  N Email Address: \_\_\_\_\_

Did this person graduate from a 4-year college or university and earn a bachelor's degree?  Y  N

If yes, which college did this person graduate from? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Parent / Guardian #2 Name:

How is this person related to the student? \_\_\_\_\_  
last first middle  
 Parent Step-Parent Foster Parent Guardian

Is this person the student's primary caretaker?  Y  N Email Address: \_\_\_\_\_

Did this person graduate from a 4-year college or university and earn a bachelor's degree?  Y  N

If yes, which college did this person graduate from? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### How many people live in your household? (List everyone below, beginning with student)

_____	student	_____	name	_____	relationship to student	_____	age
_____	name	_____	relationship to student	_____	name	_____	age
_____	name	_____	relationship to student	_____	name	_____	age

**Section III: Income Information - To be filled out by student's parent or guardian.**

One criteria for entry into the CB Program is financial need. Please answer the questions below regarding your financial situation. **CB Staff realize this is sensitive and personal information and will keep it strictly confidential and kept in a secure location. This information will not be shared with any other parties.**

Does the student qualify for free lunch at school?  Y  N

If yes, skip to next section. If no, please complete the following:

Did you or your family file income taxes last year?

**If yes,** Write in your family's TAXABLE income from last years 1040 EZ (line 6), 1040 (Line 43) or 1040A (Line 27) tax form \$ \_\_\_\_\_

**If no,** write in your family's GROSS income from your W-2 forms from all employers last year \$ \_\_\_\_\_

**Section IV: Authorizations**

**Photo Release:** I give College Bound staff permission to use the applicant's photo in its public education materials, new releases, newsletters, web page and other College Bound publications.

Y  N

**Hazards/Risks:** Due to the nature of some College Bound activities, there are potential dangers that you and the applicant should be aware of. Risks include natural dangers associated with travel, food, and injuries from activities such as climbing, running, jumping, hiking and other teambuilding situations. The severity of such injuries can range from minor cuts and scrapes to catastrophic injuries that may include death. I understand that by participating in College Bound the applicant may get sick, be injured or suffer a catastrophic event. I understand the risks associated with this program and give permission to participate in College Bound activities

Y  N

**School Records:** I authorize the release of the applicant's high school transcripts and/or academic related records (test scores, attendance, grades) to the College Bound Program with the understanding that this information will be used solely for the purpose of student assessment and educational planning and advising.

Y  N

**Tracking:** The College Bound Program is required to track the academic progress of students once they leave high school. The Department of Education uses this data to assess the effectiveness of the College Bound Program. I authorize College Bound staff to track the academic progress of the applicant into and through college. This may include requesting a copy of FAFSA forms, student aid awards, college enrollment status and the National Student Clearinghouse.

Y  N

**I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the College Bound program, I understand that false or misleading information in my application or interview may result in dismissal from the program.**

Student: \_\_\_\_\_  
print name signature date

Parent/Guardian: \_\_\_\_\_  
print name signature date

**Section V: For Staff Use Only (Students and Parents skip this section)**

Eligibility <input type="checkbox"/> US citizen If no: Permanent resident A# _____	Age: <input type="checkbox"/> Complete 8th, not entered 12th <input type="checkbox"/> 13 yrs, not older 19
Income <input type="checkbox"/> Y <input type="checkbox"/> N First Generation <input type="checkbox"/> Y <input type="checkbox"/> N LEP <input type="checkbox"/> Y <input type="checkbox"/> N	Recommend for Admission <input type="checkbox"/> Y <input type="checkbox"/> N
Academic Need: <input type="checkbox"/> Low GPA <input type="checkbox"/> Low test scores <input type="checkbox"/> LEP	If no, reason: _____
<input type="checkbox"/> Learning Disability <input type="checkbox"/> Low ed aspirations <input type="checkbox"/> Lack of opportunity/support	Program entry date _____ Program exit date _____
<input type="checkbox"/> Lack of career goals <input type="checkbox"/> Lack of confidence/self esteem	CB Instructor Signature _____ Date _____
<input type="checkbox"/> Interest in Careers in Math/Science <input type="checkbox"/> Other _____	CB Director Signature _____ Date _____