UPWARD BOUND

SALEM UNIVERSITY

SALEM, WEST VIRGINIA 26426 Office: (304) 326-1261 & (877) 391-0029

www.upwardboundsalem.com

Student High School (WVEI)	S #)									_	Date	e:				Age	
Name									P	refe	rred	Nan	ne				
Last Address/City	First					Mic	ddle										
Telephone(Home & Cell Parent/G	uardian) 		State				_ D	ate (Las of	t 4 d Birt	igits) h	Mo	onth		Day		Year
High School																	
Do you live with someone of relationship to you?university after graduation? _	her thar	ı yo	our b	oiolo	ogio	cal	pare	ent(s	s)?	Y	ES Do	NC you) l ı pla	f "Y	ES", `attend	What a col	is their
	Н	OU	SEI	Ю	ĹD	IN	(FO	RM	ΑΊ	ΓIO	N						
Guardian 1 (Father) Name (or step) Occupation	Last					F	irst					Mie	ddle				
EmployerName								ddre									
Highest Grade Completed Name of College, if any							8 9) 1(0								
Guardian 2 (Mother) Name_ (or step) Occupation	Last					Fi	irst					М	iddle		Age		
EmployerName							A	Addre	ess								
Highest Grade Completed Name of College, if any																	
ADDITIONAL PAI	RENTA	L I	INF	OR	MA	ΑT	ION	(<u>N</u>	O]	Γ L]	<u> (VIN</u>	NG I	NY	<u>OUI</u>	R HO	<u>ME</u>)	
Father's Name							_	Н	Iig	hest	Gra	ide C	Comp	olete	d		
Mother's Name							_	Н	Iig	hest	Gra	ide C	Comp	olete	d		

FAMILY INFORMATION

BELOW LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD (NOT COUNTING YOURSELF) INCLUDING ALL CHILDREN AND OTHERS.

	E OF SCHOOL OR COLLEGE OR OCCUPATION	E AGE	GRADE
INAME	OR OCCUPATION	AGE	UKADE
IF APPLICANT H	FAMILY'S ANNUAL INCO AS FOSTER PARENTS, DO NOT COM		ΓΙΟΝ.
IF YOU DID NOT FILE 2020 FED:			
SPACE BELOW. IF YOU DID FIL	The state of the s		
TAXABLE INCOME IN THE SPA			
CLAIMED. USE THE AMOUNT		TAXABLE INC	OME". <u>DO NO</u>
ENTER YOUR ADJUSTED GROS	S INCOME. 2020		
	LAST TAX YEAR	ESTIMAT	TED THIS YEA
FATHER OR GUARDIAN	\$	\$	
MOTHER OR GUARDIAN	\$	\$	
JOINT RETURN	\$	\$	
NUMBER OF DEDUCTIONS CLA	IMED		
* * * * * * * * *	* * * * * * * * *	* * * *	* * *
CHECK THE APPROPRIATE SPA	CE IF ANYONE IN THE FAMII	LY RECEIVES A	ASSISTANCE F
ANY OF THE FOLLOWING SOUR	RCES. <u>DO NOT</u> INCLUDE AS I	NCOME ABOV	E.
SOCIAL SECURITY	\$/N	MONTH	
WORKER'S COMPENSATION	ON \$/N	IONTH	
VETERAN'S ADMINISTRAT		IONTH	
AID TO DEPENDENT CHIL	DREN \$/M	IONTH	
EXPLANATION OR ADDITION	NAL INFORMATION:		
I CERTIFY THAT THE INFORM	MATION GIVEN IS TRUE AT	ND CORRECT	TO THE BES
MY KNOWLEDGE. I UNDERS			ND IS BASED
THE RECEIPT AND ACCURAC	CY OF THIS INFORMATION	•	
THIS MUST BE SIGNED	<u></u>		
	SIGNATURE C	OF PARENT O	R GUARDIA

AUTOBIOGRAPHY

Write an autobiography, but don't repeat information you already provided elsewhere in this application. Include something about your interests, your plans, and your ambitions. Especially comment on your goals concerning your education after high school. Please be comprehensive so that we have a good understanding of you. If additional space is needed, use the back of this paper.

RELEASE OF INFORMATION

DATE	E	
	PURSUANT TO THE FAMILY EDUCATIONAL	
1974,	, I HEREBY GIVE MY PERMISSION TO	HIGH
SCHO	OOL TO FURNISH THE UPWARD BOUND PRO	GRAM, SALEM UNIVERSITY, SALEM,
WV,	26426, ANY SCHOOL RECORDS AND INFORMA	ATION CONCERNING MY CHILD,
	, WHICH IS NEEDE	D FOR APPLICATION AND
PART	TICIPATION WHILE IN THE UPWARD BOUND	PROGRAM.
SIGN	NATUREStudent Applicant	_
SIGN	NATURER Parent or Guardian	ELATIONSHIP
ADDI	ORESS	_
TELE	EPHONE	_
ILL	Parent/Guardian	
****	**************	*********
	OFFICE USE ONLY	
	School Record	
0	State Assessment - SAT/Westest Results	
0	PSAT/SAT/ACT Scores (If applicable)	
0	Most Current Report Card	
0	Transcript (with most current grades)	
	Class Schedule	Other