UPWARD BOUND

SALEM UNIVERSITY

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

Cell: (304) 672-9107 Fax: (304) 782-4882

www.upwardboundsalem.com

Student ID Number (WVE)	[S #)		Date:	·	Age
Name		P1	eferred Name		
Last	First				
Address/City				Zip	
Telephone	Social S	ecurity Number:	Race/E	Ethnicity	
(Home & Cell Parent	/Guardian)		t 4 digits)	-	
Place of Birth		Date of Birth			
City	State		Montl	h Day	Year
Are you a U.S. citizen?	If no, state	legal status:	Curren	nt Grade	
High School		Are you current	tly on an IEP o	or 504 Plan?	YES NO
Do you live with someone	other than your bi	ological parent(s)?	YES NO	If "YES ",	What is
their relationship to you?			Do	you plan to a	attend a
college or university after g	raduation?	If no, why?			

HOUSEHOLD INFORMATION

Guardian 1 (Father) Name (or step)								First						ldle		Age	
Occupation Employer																	
Name									Ad	dress							
Highest Grade Completed	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Name of College, if any	Degree																
Guardian 2 (Mother) Name (or step) Occupation	Las	t					F	irst					Mi	iddle		-	
Employer																	
Name										dress							
Highest Grade Completed	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Name of College, if any												I	Degro	ee			
ADDITIONAL PARENTAL INFORMATION (<u>NOT LIVING IN YOUR HOME</u>)																	
Father's Name										Hig	ghest	Gra	de C	Comp	plete	d	
Mother's Name										Hig	ghest	Gra	de C	Comp	plete	d	

FAMILY INFORMATION

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

NAME	NAME OF SCHOOL OR COLLEGE OR OCCUPATION	AGE	GRADE

FAMILY'S ANNUAL INCOME

IF APPLICANT HAS FOSTER PARENTS, DO NOT COMPLETE THIS SECTION.

IF YOU **DID NOT** FILE 2023 FEDERAL INCOME TAX FORM, PLEASE EXPLAIN WHY IN THE SPACE BELOW. IF YOU DID FILE 2023 FEDERAL INCOME TAX FORM, PLEASE PROVIDE **TAXABLE INCOME** IN THE SPACE BELOW **FROM THE 2023 FORM THAT THE STUDENT IS CLAIMED. USE THE AMOUNT REFLECTED ON LINE 15, "TAXABLE INCOME".** DO NOT ENTER YOUR ADJUSTED GROSS INCOME.

	2023	
	LAST TAX YEAR	ESTIMATED THIS YEAR
FATHER OR GUARDIAN	\$	\$
MOTHER OR GUARDIAN	\$	\$
JOINT RETURN	\$	\$
NUMBER OF DEDUCTIONS CLAIMED		
* * * * * * * * * *	* * * * * *	* * * * * * *
CHECK THE APPROPRIATE SPACE IF ANY		
ANY OF THE FOLLOWING SOURCES. DO	NOT INCLUDE AS	INCOME ABOVE.
SOCIAL SECURITY	\$/N	MONTH
WORKER'S COMPENSATION	\$/N	MONTH
VETERAN'S ADMINISTRATION	\$/N	MONTH
AID TO DEPENDENT CHILDREN	\$/N	MONTH
EXPLANATION OR ADDITIONAL INFO	ORMATION:	

I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ELIGIBILITY FOR UPWARD BOUND IS BASED UPON THE RECEIPT AND ACCURACY OF THIS INFORMATION.

THIS MUST BE SIGNED

SIGNATURE OF PARENT OR GUARDIAN

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 _____

SIGNATURE_____ Student Applicant ______RELATIONSHIP______ Parent or Guardian SIGNATURE____ ADDRESS _____ TELEPHONE ____ Parent/Guardian OFFICE USE ONLY School Record • State Assessment/GSA Results • **PSAT**/SAT/ACT Scores (If applicable) o Most Current Report Card • Transcript (with most current grades) Other____ **Class Schedule**