# **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 High School (WVEIS #)								Date:					Age					
Name Last First Middle						Preferred Name												
	First Middle Zip																	
Telephone(Home & Cell Parent/C	Guard	ian)	Soc	ial S	Sec	curi	ity ]	Nuı	mbe Da	er: (La te of	st 4 d	ligits)	Race	e/Eth	nicit	y		
City Are you a U.S. citizen?		If 1	no,	State	e e le	ega	l st	atu:	s:				Mo Curi	onth rent	Grad	Day le		Year
High School							Are	yo	u c	urre	ntly	on a	n IE	P or	504	Plan?	YE	S NO
Do you live with someone of	ther t	than	yo	ur l	oio	log	ica	l pa	ren	nt(s)	? Y	ES	NO	) ]	f"Y	ES",	What	is their
relationship to you?												_ Do	you	ı pla	n to	attenc	l a col	lege o
university after graduation?			_If	no,	, w	hy'	?											
Guardian 1 (Father) Name (or step) Occupation	Las	st					]	First					Mi	ddle				
EmployerName									Ad	ldress								
Highest Grade Completed	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
Name of College, if any													_ De	gree	<u></u>			
Guardian 2 (Mother) Name_ (or step)	Las	st					I	First					M	iddle				
OccupationEmployer										ldress								
Name	1	2	2	4	_		7					10	10	1.4	1.5	1.6		
Highest Grade Completed  Name of College, if any																		
ADDITIONAL PA	REN	ΙΤΑ	Ll	INF	O	RM	[A]	ΓIO	N	( <u>NO</u>	T L	IVI	NG I	NΥ	OUI	<u>R НО</u>	<u>ME</u> )	
Father's Name							Highest Grade Completed											
Mother's Name								Highest Grade Completed										

### **FAMILY INFORMATION**

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

NAME		HOOL OR COLLE CUPATION	GE AGE	GRADE
IF APPI		. <b>Y'S ANNUAL IN</b> R PARENTS, DO NOT (		CTION.
IF YOU <b>DID NOT</b> FILE 20			-	
SPACE BELOW. IF YOU TAXABLE INCOME IN T			•	
CLAIMED. USE THE AM	MOUNT REFLEC	CTED ON LINE 10		
ENTER YOUR ADJUSTEI	) GROSS INCOM	.E. <b>2018</b>		
		LAST TAX YEA	AR ESTIMA	TED THIS YEAR
FATHER OR GUARDIAN		\$	\$	
MOTHER OR GUARDIAN	1	\$ \$	\$	
JOINT RETURN		\$		
NUMBER OF DEDUCTIO	NS CLAIMED			
	* * * * *	* * * * *	* * * * *	* * *
CHECK THE APPROPRIA ANY OF THE FOLLOWIN				
				/ L.
SOCIAL SECURITY WORKER'S COMPE		\$ \$	_/MONTH /MONTH	
VETERAN'S ADMIN		\$ \$	_/MONTH /MONTH	
AID TO DEPENDEN		\$ \$	_/MONTH	
EXPLANATION OR AD	DITIONAL INE	OPMATION:		
LAI LAINATION OR AD	DITIONAL IN	OKWIATION		
I CERTIFY THAT THE				
MY KNOWLEDGE. I U THE RECEIPT AND AC				ND I2 RYZED
			<i>7</i> 11.	
THIS MUST BE SIGNE	Ъ	SIGNATURI	E OF PARENT (	OR CHARDIA
		DIGITATUM		JN GUANDIA

#### **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 EDUCATION	AL RIGHTS AN	D PRIVACY ACT OF
1974,	I HEREBY GIVE MY PERMISSION TO		HIGH
SCHO	OOL TO FURNISH THE UPWARD BOUND PR	OGRAM, SALE	M UNIVERSITY, SALEM,
WV, 2	26426, ANY SCHOOL RECORDS AND INFOR	MATION CONC	ERNING MY CHILD,
	, WHICH IS NEEI	DED FOR APPLI	CATION AND
PART	CICIPATION WHILE IN THE UPWARD BOUN	D PROGRAM.	
SIGN	ATUREStudent Applicant		
	Student Applicant		
SIGN	ATUREParent or Guardian	_RELATIONSH	IP
	Parent or Guardian		
ADDI	RESS		
TELE	PHONEParent/Guardian		
****	****************	*******	*******
	OFFICE USE ONI	LY	
	School Record		
0	State Assessment/Westest Results		
0	PSAT/SAT/ACT Scores ( If applicable)		
0	Most Current Report Card		
0	Transcript (with most current grades)		
	<u>Class Schedule</u>		Other