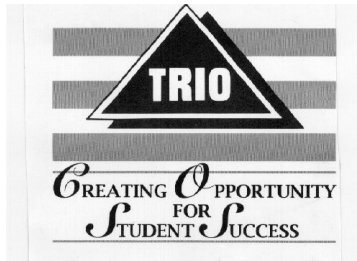


UPWARD BOUND PROGRAM - VIRGINIA STATE UNIVERSITY
#3 JACKSON PLACE, BOX 9014 – VIRGINIA STATE UNIVERSITY, VA 23806
(804) 524-5811 (Office) - - - (804) 524-5142 (Fax)
www.vsu.edu/upwardbound



APPLICATION

Applicant's Name: _____
Last First Middle Initial

School: _____ Grade Level: _____

Current Grade Point Average: _____

Social Security #: _____ / _____ / _____ Today's Date: _____

Date of Birth: _____

BEFORE COMPLETING THIS APPLICATION, PLEASE READ THE FOLLOWING:

- Upward Bound students must be a citizen or national of the United States.
- Upward Bound students at the time of initial selection must be a first generation college student or low income individual.
- Upward Bound students must have a need for academic support in order to pursue a program of education beyond high school.
- Upward Bound students must live on the campus of Virginia State University for the five (5) or six (6) weeks summer session and must attend Saturday classes with regularity during the academic year program (September - May).
- Upward Bound students will be expected to participate in all cultural activities and trips included in the Upward Bound Program.
- Upward Bound participants must adhere to all rules, regulations, and guidelines outlined in the Upward Bound Student Handbook.

Please use a blue or black pen or a typewriter to complete this application.

Office Use Only:

Date Received: _____		
<input type="checkbox"/> Counselor Information & Recommendation Form	<input type="checkbox"/> Essay	<input type="checkbox"/> Verification of Income (Tax Form)
<input type="checkbox"/> Teacher Recommendation (1)	<input type="checkbox"/> Teacher Recommendation (2)	<input type="checkbox"/> Transcript (Grade Test Scores)
<input type="checkbox"/> Approved by: _____		<input type="checkbox"/> Disapproved: _____

Name: _____
Last First Middle Initial

Permanent Home Address: _____
Street (Apt. #) City State Zip Code County

Home Phone Number: (____) _____ Social Security #: _____ / _____ / _____

Are you a U.S. Citizen? Yes No Will you require a Form 120 to obtain a Visa? Yes No

Your current mailing address (if different from your permanent home address):

Street Address Apt. # City State Zip Code County

Sex: Male Female Birth Date: _____
Month Date Year

***If your parent(s) or guardian(s) have separate addresses please check (✓) the box to the left of the name, to indicate that you wish information sent to that parent or guardian. You may check both boxes and information will be sent to both. If no box is checked, information will be sent to parent or guardian Number 1 unless we are otherwise instructed:**

Parent or Guardian **No 1** : _____ Relationship
Last First MI

Home Address(if different from yours): _____
Street City State Zip

Home Phone Number:(____) _____ Work Phone Number:(____) _____

Occupation: _____ Place of Employment: _____

Parent or Guardian **No 2** : _____ Relationship
Last First MI

Home Address(if different from yours): _____
Street City State Zip

Home Phone Number:(____) _____ Work Phone Number:(____) _____

Occupation: _____ Place of Employment: _____

Has either of your parent(s) or guardian(s) completed a four (4) year college? Yes No
If yes, please check relationship? Mother Father Guardian

The following information is requested so that we may demonstrate to the U.S. Department of Education, this institutions compliance with Title VI of the 1964 Civil Rights Act. (Voluntary)

African American Native American Hispanic American Caucasian American
 Asian American Bi-Racial American Other American International

How many sisters do you have? Older? _____ Younger? _____ At home? _____

How many brothers do you have? Older? _____ Younger? _____ At home? _____

List school activities and organizations:

What subject(s) in your curriculum do you need assistance or improving?

What subject(s) in your curriculum do you like least?

How would you rate yourself as a student?

Excellent

Good

Average

Poor

Name at least two (2) teachers who know you very well:

TEACHER'S NAME

SCHOOL

TEACHER'S NAME

SCHOOL

Name at least two (2) persons in your community who know you very well:

NAME

ADDRESS/PHONE#

NAME

ADDRESS/PHONE#

What are your special interest(s) or hobbies?

Will you need any special assistance? Yes No

If yes, please specify: _____
