

UNIVERSITY OF SOUTH CAROLINA LANCASTER  
UPWARD BOUND PROGRAM

STUDENT AUTHORIZATION APPLICATION



Office Use Only Date Received _____
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As a student requesting enrollment/enrolled in the above listed program. I understand that the Upward Bound staff will need access to my records as follows:

1. **Income verification (income tax forms, benefits statement, etc.**
2. **Parental/Guardian Permission / Grade Release Form**
3. **Full Address and all Telephone Numbers**
4. **All Required Signatures**
5. **Present courses (schedule) and grades (your most recent report card).**

By my signature below, I hereby authorize the Upward Bound Program at USC Lancaster to obtain any and all information for the records named above for the duration of my enrollment in the program. This permission is given with the understanding that the information will continue to remain confidential and be used only for the needs of the Upward Bound Program.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby grant permission for \_\_\_\_\_ (High School) to release copies of my records to the Upward Bound Program. I understand that this form is necessary to establish eligibility for participation in the Upward Bound Program. Completed application must be submitted by August 31 to be considered for admission into the Upward Bound Program for the current academic year.

Name: \_\_\_\_\_

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

Current Grade \_\_\_\_\_

Last 4-digit SS #: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Student Signature \_\_\_\_\_

GENDER: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

EMAIL \_\_\_\_\_

ETHNIC BACKGROUND: White, Non-Hispanic \_\_\_\_\_ African American \_\_\_\_\_  
Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Asian/Pacific Islanders \_\_\_\_\_  
Other \_\_\_\_\_ (If other, Specify) \_\_\_\_\_

DO YOU WORK? YES \_\_\_\_\_ NO \_\_\_\_\_ HOW MANY HOURS PER WEEK? \_\_\_\_\_

YOUR PLANS AFTER COMPLETING HIGH SCHOOL ARE: College \_\_\_\_\_  
Work \_\_\_\_\_ Military \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE UPWARD BOUND PROGRAM? Teacher \_\_\_\_\_  
Other students \_\_\_\_\_ Printed materials \_\_\_\_\_ Others \_\_\_\_\_ (SPECIFY) \_\_\_\_\_

WHAT SERVICES WOULD YOU WANT TO RECEIVE (CHECK ALL THAT APPLY)?

TUTORING \_\_\_\_\_ CAREER COUNSELING \_\_\_\_\_ WORKSHOPS \_\_\_\_\_  
STUDY SKILLS \_\_\_\_\_ ACADEMIC ADVISING \_\_\_\_\_

DO YOUR PARENTS CLAIM YOU ON THEIR INCOME TAX RETURN? Yes \_\_\_ No \_\_\_

NUMBER OF HOUSEHOLD MEMBERS, INCLUDING YOURSELF AND PARENTS \_\_\_\_\_ (only include siblings under age 18)

**QUALIFICATIONS:**

NAME OF PARENT(S) OR LEGAL GUARDIAN(S) \_\_\_\_\_

MARITAL STATUS OF PARENT(S) OR GUARDIANS: \_\_\_\_\_

DID EITHER OF YOUR PARENTS OR LEGAL GUARDIANS COMPLETE A 4 YEAR DEGREE? Yes \_\_\_ No \_\_\_ IF YES, WHO COMPLETED THE DEGREE?

MOTHER \_\_\_ FATHER \_\_\_ GUARDIAN \_\_\_ (CHECK ALL THAT APPLY)

DO YOU HAVE ANY LEARNING OR PHYSICAL DISABILITIES? YES \_\_\_ NO \_\_\_  
DO YOU HAVE DOCUMENTATION? YES \_\_\_ NO \_\_\_

IF YES PLEASE EXPLAIN BRIEFLY \_\_\_\_\_

(\*Required)  
TOTAL FAMILY TAXABLE INCOME \$ \_\_\_\_\_  
(Parents/ Legal Guardian)

\*(Taxable income is the adjusted gross income minus standard deductions. This amount can be found on line 37 of your 1040 Federal Income Tax Return)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ALL INFORMATION CONTAINED IN THIS FORM WILL BE HELD IN THE CONFIDENCE OF THE UPWARD BOUND PROGRAM. I ALSO UNDERSTAND THAT THE ABOVE INFORMATION IS USED FOR THE PURPOSES OF DETERMINING MY CHILDS ELIGIBILITY FOR THE PROGRAM. ALCOHOL, DRUGS AND SMOKING ARE STRICTLY PROHIBITED.

\_\_\_\_\_  
SIGNATURE OF PARENT, LEGAL GUARDIAN DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

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**PARENTAL OR GUARDIAN PERMISSON**

This application must be completed by the parent /guardian of the student who wishes to participate in the Upward Bound Program. I \_\_\_\_\_, herby grant permission to \_\_\_\_\_, to participate in Upward Bound activities. I declare that I support the goals of Upward Bound and I will encourage my child to make a sincere effort to take advantage of the program. Also, I herby grant permission to the principle of \_\_\_\_\_ High School to release any or all recorded information on my child to the staff of Upward Bound with the understanding that this information is protected by the Privacy Act, and will be used only in regard to Upward Bound services.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Student's Signature Date

(UPWARD BOUND USE ONLY)

**I CERTIFY THAT THIS STUDENT IS ACCEPTED ACCORDING TO THE FOLLOWING CRITERIA: (CHECK ALL THAT APPLY)**

Eligibility \_\_\_\_\_ Accepted \_\_\_\_\_ Waiting List \_\_\_\_\_

Eligibility Type; PFGO \_\_\_ LIO \_\_\_ PFG/LI \_\_\_\_\_

\_\_\_\_\_  
UB STAFF SIGNATURE DATE