

UNIVERSITY OF SOUTH CAROLINA LANCASTER
UPWARD BOUND PROGRAM

STUDENT AUTHORIZATION APPLICATION



Office Use Only Date Received _____

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

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