



101 Broad Street, Plattsburgh, NY 12901
Phone: (518) 564-2030 • 1-888-578-7812
Fax: (518) 564-3035
www.ubplattsburgh.org



Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_
(Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Student Cell #: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Student Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant Lives with: [ ] Both Parents [ ] One Parent [ ] Parent/Step-parent [ ] Guardian
[ ] Other (please explain) \_\_\_\_\_

[ ] US Citizen [ ] Permanent Resident [ ] Other \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_
(Last) (First) (MI)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Level of Education Completed: High School: 9 10 11 12 College: 1 2 3 4
(please circle) (please circle)

Mother/Guardian Name: \_\_\_\_\_
(Last) (First) (MI)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Level of Education Completed: High School: 9 10 11 12 College: 1 2 3 4
(please circle) (please circle)

Number of Brothers/Sisters: \_\_\_\_\_ How many are living at home? \_\_\_\_\_

List Persons Residing in Your Household (including yourself and siblings in college):

Table with 3 columns: Name, Age, Relationship. Multiple rows for listing household members.

FOR OFFICE USE ONLY:

Eligibility: 1/3 2/3 [ ] Transcript
[ ] 1st Teacher Recommendation [ ] 2nd Teacher Recommendation [ ] Counselor Recommendation
[ ] Taxes [ ] ELA [ ] Math [ ] A [ ] CA [ ] WL [ ] N

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## SCHOOL

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Name of High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor: \_\_\_\_\_

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## STUDENT STATEMENT

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How did you hear about Upward Bound?

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Why do you want to be in Upward Bound?

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What do you want to do after completing high school?

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What are your interests (i.e: hobbies, athletics, extra-curricular activities)?

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Admission to Upward Bound is based on the qualifications of the applicant without regard to sex, race, creed, national origin, or handicap.

Date of Application: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

# FAMILY FINANCIAL STATEMENT

Upward Bound is an educational program sponsored by the U.S. Department of Education for high school students from modest income families and/or who will be first generation college-going students. In order to be eligible, one or both of these requirements must be met.

**I. Is this student a foster child?**  Yes  No

If yes, then the student is automatically eligible and you do not need to complete this page. Please have the Commissioner of Social Services or natural parent sign and date.

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

County: \_\_\_\_\_

**II. How did you file on your federal tax forms?**

Married (Filing Jointly)  Married (Filing singly)  Single or Head of Household

Did not/Do not plan to file (Reason): \_\_\_\_\_

**III. For the last year (20 \_\_\_\_), what was the federal taxable income of the parent/guardian who claimed the applicant?**

\$ \_\_\_\_\_ (line 43 on 1040, line 27 on 1040A, line 6 on 1040EZ)

How many exemptions did you claim? \_\_\_\_\_ (line 6d)

**IV. Please enclose a copy of your most recent federal tax return OR proof of public assistance / SSI benefits with this application, if available.**

**V. Did either natural or adoptive parent, with whom the applicant is now living, graduate from a four-year college or university?**  Yes  No

I certify that the information above is true and accurate as reported. I agree to give documentation to the Upward Bound Program as requested.

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

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Place  
Stamp  
Here



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Plattsburgh, NY 12901



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# TRANSCRIPT RELEASE FORM

I hereby give my authorization to: \_\_\_\_\_  
(Name of High School)

to release transcripts and other pertinent records for: \_\_\_\_\_  
(Student)

to the SUNY Plattsburgh Upward Bound Program. If accepted into the Upward Bound Program, the school may continue to release the above-mentioned records so long as he/she is a participant in the Program.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)