

**JAMES SPRUNT COMMUNITY COLLEGE
UPWARD BOUND PROGRAM**

STUDENT APPLICATION FOR ADMISSION

Upward Bound is federally funded through the U.S. Department of Education

PLEASE PRINT IN INK OR TYPE

Name: _____
Last First Middle

Address: _____
(Street) (City) (State) (Zip)

Are you a U.S. Citizen? Yes ___ No ___ Date of Birth: ___/___/___ Sex: ___

Birthplace: (City, State) _____ Telephone: () _____

Ethnic Group: (Optional)

African American ___ White ___ Native American ___ Hispanic ___ Other ___

High School Attending or Will be Attending: _____ Grade: _____

Social Security Number: _____ Do you receive Free school lunch? Yes ___ No ___

Are you currently in or have applied to a TRIO program? Yes ___ No ___, if yes which program _____
(Ex. Educational Talent Search)

Parent's Marital Status: Married ___ Separated ___ Divorced ___ Widowed ___ Single ___

Father's Name _____ Telephone: () _____

Address: _____

Occupation: _____ Place of Employment: _____

Daytime Phone: () _____

Mother's Name _____ Telephone: () _____

Address: _____

Occupation: _____ Place of Employment: _____

Daytime Phone: () _____

Name & Phone # of Nearest Relative:

Do you have a court appointed guardian? Yes _____ No _____

Guardian's Name: _____ Relationship _____ Telephone: () _____
(If not living with parents)

Address: _____

Occupation: _____ Place of Employment: _____

Daytime Phone: () _____

If the applicant is a ward of the court or in a foster home, please complete the following:

Name of resident agent: _____

Case worker: _____ Telephone: () _____

Names of relatives participating in the Upward Bound Program:

Name/Names of person(s) you know in the program:

Please list all children or other dependents who live with you in your home or away at school:

Name	Age	Relationship	Highest Grade Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/guardian Highest Level of Education (Check for each parent/guardian):

	Mother	Father	Guardian
Some Elementary School	_____	_____	_____
Completed Elementary School	_____	_____	_____
Some High School	_____	_____	_____
Completed High School	_____	_____	_____
Some College	_____	_____	_____
Completed Technical or Jr. College	_____	_____	_____
Completed a 4-year College	_____	_____	_____
Attended Graduate School	_____	_____	_____
Completed Graduate School	_____	_____	_____

Is either parent or guardian a graduate of a 4-year college? Yes _____ No _____

(Date)

Signature of Parent/Guardian

I understand the purpose of the Upward Bound Program. If accepted, I agree to participate fully in the academic year and summer component of the program. I further agree to comply with any rules and regulations established by the Director and staff of the Upward Bound Program with the understanding that failure to comply could result in dismissal.

(Date)

Signature of Student

PRIVACY ACT AND CONFIDENTIALITY STATEMENT

The personal information you give to the Upward Bound staff is compiled and reported to the United States Department of Education. The information is protected by the Family Educational Rights and Privacy Act of 1974. No one may see the information unless they work with or for the Upward Bound Project or are specifically authorized to see the information. The information is necessary to help determine if you are eligible to participate in the program in which the goal is to assist students in obtaining a post-secondary education.

Great care is taken to make sure that the personal information collected on students is kept confidential. Any student who wishes to be considered for membership in the James Sprunt Community College Upward Bound Project and receive its benefits, must agree to submit all necessary information requested by Project personnel.

Date: _____

Student's Signature

Date: _____

Parent's Signature

Upward Bound is a program designed for students from low-income/first generation families. The following information is required by the Federal Government and should be accurate and exact. Your answers will be held in strict confidence. Please complete the information below and have it notarized or submit a copy of your parent's/guardian's most current Federal Income Tax Return (1040 or 1040A) if taxes were filed.

FAMILY INCOME:

	Father Week/Month	Mother Week/Month	Guardian Week/Month
Wages			
Public Welfare	_____	_____	_____
Social Security	_____	_____	_____
Veterans Compensation	_____	_____	_____
Retirement	_____	_____	_____
Part-time Employment	_____	_____	_____
Pension			
Aid to Families with Dependent Children	_____	_____	_____
Child Support	_____	_____	_____
Other	_____	_____	_____

I, _____ do swear/affirm that my true and just income for
 _____ is \$_____.
 (year)

Sworn/Affirmed to before me this _____ day of _____ A.D.,

20____
 _____ Notary Public for North Carolina _____ Parent/Guardian Signature

My Commission Expires _____

Name _____ SS# _____

STUDENT STATEMENT
(To Be Completed by Student)

What do you think is the purpose of the Upward Bound Program? _____

How do you expect the program to help you? _____

What are your hobbies? A. _____ B. _____ C. _____

List your educational goals: _____

How do you expect to achieve those goals? _____

What do you feel you can contribute to Upward Bound? _____

What do you feel are your academic needs? _____

ATTENTION: TO BE COMPLETED BY PARENT OR GUARDIAN

Date: _____

To: _____ School

My child, _____ who attends the above public school is an applicant for the Upward Bound Program at James Sprunt Community College in Kenansville, North Carolina. An evaluation of the student's school record is needed on a yearly basis while the student is a member of the program. Information from the transcript may be used for academic assessment and federal reports required of the Upward Bound Program.

In accordance with the Family Education Rights and Privacy Act of 1974, Section 513 of the Education Amendment, parents must authorize release of transcript. Therefore,

I HEREBY REQUEST THAT HIS/HER OFFICIAL TRANSCRIPT AND ALL TEST MATERIALS BE SENT EACH YEAR WHILE IN THE UPWARD BOUND PROGRAM TO:

**Upward Bound Program
James Sprunt Community College
P.O. Box 398
Kenansville, NC 28349**

Print Student's Name as it appears on
Permanent Record

Student's Signature

Social Security Number of Student

Parent or Guardian Signature

Note: Students 18 years of age may sign authorization without parental consent.