



LOYOLA UNIVERSITY UPWARD BOUND
ADHERES TO THE PRINCIPLE OF EQUAL
EDUCATIONAL EMPLOYMENT OPPORTUNITY
WITHOUT REGARD TO RACE, COLOR, SEX,
AND/OR NATIONAL ORIGIN.

UPWARD BOUND PROGRAM

P.O. Box 154
6363 St. Charles Avenue
New Orleans, LA 70118
(504) 865-3223-Office (504) 865-3280-Fax

ALL QUESTIONS MUST BE ANSWERED FOR THIS APPLICATION TO BE PROCESSED.

PLEASE PRINT.

PART I. APPLICANT PERSONAL INFORMATION

1.) _____
First Name Middle Name Last Name

2.) _____
Street Address City/State Zip Code

3.) _____ U.S. Citizen: Yes ___ No ___
Home Telephone Number

4.) Date of Birth ____ / ____ / ____ Social Security # ____ / ____ / ____
Month Day Year

5.) With whom do you live?
Mother& Father ___ Father& Stepmother ___ Mother& Step Father ___
Mother Only ___ Father Only ___ Institutional housing ___
Other Relative ___ (Relationship): _____

6.) Mother's Name _____
Address (if different) _____ Home Telephone #: _____
Occupation _____ Work Telephone #: _____
Employer _____ Cell #: _____
Email: _____

7.) Father's Name _____
Address (if different) _____ Home Telephone #: _____
Occupation _____ Work Telephone #: _____
Employer _____ Cell #: _____
Email: _____

5.) List all extra-curricular activities in which you participate? (Check all that apply)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> ROTC |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Band |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Cheerleader |
| <input type="checkbox"/> Football | <input type="checkbox"/> Chess |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Track & Field | |

6.) What are your hobbies and other activities that are not listed above?

_____	_____
_____	_____
_____	_____

7.) Needs Assessment

Check all that apply to you:

- _____ Tutoring
- _____ Assistance with staying in high school
- _____ Assistance in choosing classes that will prepare me for college
- _____ Assistance in applying for financial aid
- _____ ACT Preparation
- _____ Improving self concept
- _____ Assistance with improving standardized test scores
- _____ Improving study skills
- _____ Assistance in applying for college admission

The personal information contained herein is property of the Loyola University New Orleans Upward Bound Program. The Upward Bound Program is a federally-funded TRiO program sponsored by the Department of Education. This information is protected by the Privacy Act. Only employees of the US Department of Education and the Loyola University New Orleans Upward Bound Program are authorized to see this information.

The information is necessary to determine if the applicant is eligible to participate in the program and also helps the federal government to measure the success of the program. In order to qualify for participation, all requested information must be submitted to the Upward Bound office.

I DECLARE THE INFORMATION SUBMITTED ON THIS FORM IS, TO THE BEST OF MY KNOWLEDGE, TRUE, ACCURATE, AND COMPLETE.

(This application must be signed by both the student and the parent/guardian.)

Signature of Applicant

Date

Signature of Parent or Guardian

Date

PART III. ELIGIBILITY/FINANCIAL INFORMATION

This section is to be completed by a parent/guardian of the applicant.

1.) Please check if either/both parents graduated from a **4 year college or university**.

Mother: Yes No Father: Yes No

2.) Total Number of dependants as reported on the IRS form 1040 or 1040A: _____

3.) Family Income:

If you file income taxes, you must attach a copy of your most recent IRS form 1040 or 1040A.

Total Wages/Salaries reported on IRS Form 1040 or 1040A	\$ _____
20__ Income earned from work by father	\$ _____
20__ Income earned from work by mother	\$ _____
20__ Income earned by guardian	\$ _____

4.) Taxable Income reported on your last year's Federal Income Tax Return _____

If you did not file income taxes, please complete the following. Benefits recipients (Social Security, AFDC, etc.) please attach a copy of your award letter.

20__ Total non-taxable income and benefits*
*(Give total amounts for the year. Do not give monthly amounts).

SOURCE:	Social Security Benefits	\$ _____
	Aid to Families with Dependent Children	\$ _____
	Retirement Benefits	\$ _____
	Other _____	\$ _____

THE INFORMATION CONTAINED HEREIN IS CORRECT, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE. SUBMISSION OF FALSE OR MISLEADING INFORMATION CAN RESULT IN DISQUALIFICATION FROM THE PROGRAM AND/OR FURTHER LEGAL ACTION.

THIS APPLICATION CANNOT BE PROCESSED WITHOUT THE REQUIRED INCOME INFORMATION.

Signature of Parent or Guardian

Date

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Part IV
Counselor Recommendation

Student Name	
School	
College Preparatory Curriculum	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Grade Classification	
Current GPA	

Does the student require 504 accommodations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Attendance	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/>
Academic Potential	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/>
Commitment	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/>
Motivation	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/>
Overall School Performance	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/>
College Aptitude	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/>

Do you recommend this student to participate in Upward Bound?	Recommend <input type="checkbox"/> Do not Recommend <input type="checkbox"/>
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Comments	
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Please attach **STUDENT TRANSCRIPTS** and any **standardized test scores**.

Signature of Counselor

Date

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Part V
Teacher Recommendation

Student Name	
School	
Current Grade Level	

Course/Subject	
Grade	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/>

Attendance	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/>
Academic Potential	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/>
Commitment	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/>
Motivation	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/>
Behavior	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/>
College Aptitude	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/>

Do you recommend this student to participate in Upward Bound?	Recommend <input type="checkbox"/> Do not Recommend <input type="checkbox"/>
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Comments	
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Signature of Teacher

Date

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Part VI
High School
Records Release Authorization

I hereby consent to the release of my high school records (transcripts, final transcripts, report cards, test scores, course evaluations, recommendations, and other information regarding my high school performance to the Loyola University New Orleans Upward Bound Program. This release is effective throughout my high school career and is effective for any high school that I attend during and after participation in the Loyola University New Orleans Upward Bound Program.

Student's Name	
Student's Social Security Number	
Student's Date of Birth	

Student

Date

Parent Certification

I consent to the release of my child's high school records to Loyola University New Orleans Upward Bound Program.

Print Name

Signature

Date

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University/College
Records Release Authorization

I hereby consent to the release of my college records (transcripts, report cards, test scores, course evaluations, recommendations, and any other information regarding my postsecondary performance) to Loyola University New Orleans Upward Bound Program. This release is effective throughout my college career and is effective for any college/university that I may attend during and after participation in the Upward Bound Program.

Student's Name	
Student's Social Security Number	
Student's Date of Birth	

Student

Date

Parent Certification

I consent to the release of my child's postsecondary records to Loyola University New Orleans Upward Bound Program.

Print Name

Signature

Date