OAKLAND UNIVERSITY – PROJECT UPWARD BOUND COLLEGE PREP ACADEMY

A FEDERALLY FUNDED TRIO PROGRAM

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Web Site: www.oakland.edu/upwardbound Email: pub@oakland.edu Facebook: Upward Bound OaklandUniversity

APPLICATION FOR MEMBERSHIP

Eligibility: 1) U.S. citizen, national, or permanent resident who is at least 13 years old with 8th grade completed. 2) Lives in Pontiac or Royal Oak Township OR attends a target school. 3) Parents don't have a bachelor's degree OR taxable income is within federal guidelines OR student is in foster care. Minimum acceptable grade point average is 2.50.

Directions: Fill in all the blanks on this form; **incomplete applications cannot be processed**. Submit it with the student's essay; 3 Educator Evaluations; the parents'/guardians' federal income tax forms from the last full calendar year and a copy of the student's Social Security Card. We must have these items to determine qualifications.

Questions: Contact Project Advisor at the above phone number. Business hours are Monday – Friday, 8:00 a.m. – 12:00 noon and 1:00 p.m. – 5:00 p.m.

PLEASE PRINT NAME: FIRST MIDDLE LAST ADDRESS: NO. AND STREET APT. NO. CITY/STATE ZIP CODE LAND LINE (HOME): YOUR SOC. SEC. #: PARENT/GUARDIAN PARENT/GUARDIAN #2 NAME: NAME: PARENT/GUARDIAN PARENT/GUARDIAN #2 CELL PHONE #: CELL PHONE #: PARENT/GUARDIAN PARENT/GUARDIAN #2 EMAIL: FMAII: YOUR EMAIL: YOUR CELL PHONE #: PARENT/GUARDIAN YOUR FACEBOOK NAME: _____ FACEBOOK NAME: PLACE OF BIRTH: YOUR DATE OF BIRTH: STATE NATION APPLICANT CITIZENSHIP STATUS: U.S. Citizen Permanent Resident (Attach copy of Green Card) Immigrant (Attach copy of Non-Immigrant (F1, E, etc.) I-9 Card) IS APPLICANT IN FOSTER CARE? No Yes (please provide copy of court order) YOUR MIDDLE SCHOOL: GRADE LEVEL NOW: CIRCLE/NAME YOUR CURRENT/INTENDED HIGH SCHOOL: PAE PHS ITA OPFI OPH OTHER HIGH SCHOOL COUNSELOR'S NAME: HIGH SCHOOL ID#: CURRICULUM: Regular Honors YEAR YOU EXPECT TO GRADUATE FROM HIGH SCHOOL:

3.5 - 4.0 3.0 - 3.4 2.5 - 2.9

2.0 - 2.4

below 2.00

CURRENT GRADE POINT AVERAGE (Circle One):

THE FOLLOWING INFORMATION IS REQUIRED BY THE FEDERAL GOVERNMENT BUT WILL NOT BE USED AS A BASIS FOR SELECTION. PLEASE IDENTIFY APPLICANT'S ETHNIC GROUP AND **GENDER.** American Indian/Alaskan Native 5. White 2. Asian Native Hawaiian or Other Pacific Islander 3. Black or African American More than one race ___ (Please List) Hispanic or Latino ___ Female Gender: Male **CHECK WHO APPLICANT** MARITAL **HIGHEST GRADE** NAME(S) **LIVES WITH:** STATUS* **COMPLETED**** Mother Only Mother & Father Father Only Grandparent(s) Guardian(s) *M=Married D=Divorced S=Single SP=Separated W=Widowed **E= Elementary J=Jr. High H=High School S=Some College A=Associate's B=Bachelor's M=Master's D=Doctorate OTHER PEOPLE (BESIDES PARENTS/GUARDIANS) WHO LIVE IN APPLICANT'S HOUSE: NAME **RELATIONSHIP** AGE SFX **SCHOOL EMERGENCY/BASIC MEDICAL INFORMATION** Parent/Guardian Work Information: Name of Company Department you work in Parent/Guardian Work Telephone: Area Code Number ext Name of Parent/Guardian at this Number/Work Site Person to Notify in Absence of Parent/Guardian: Person's Name Relationship to student: Person's Phone Number: Does the applicant: Take medication for asthma? Yes No Take medication for Diabetes? Yes No Have any other conditions for which medication is taken (List): List any diagnosed conditions that may prevent or challenge applicant's participation in:

Academic activities:

Social / Recreational activities:

Artistic activities such as dance:

TO BE COMPLETED BY HEAD OF HOUSEHOLD. ANSWER QUESTIONS FOR ALL PARENTS/GUARDIANS LIVING IN THE HOUSEHOLD.

	EDUCATIO	NAL INFORMA	TION		
Does either parent/guardian		No	_ Yes		
Was either parent/guardian in	n Upward Bound in high school	?		No	_ Yes
List names of applicant's sibl	ings who have been in Upward	Bound at Oakland I	Jniversity.		
PARENT/GUAR	RDIAN ANNUAL EMPLO	YMENT INCOM	IE FROM LAST CALI	ENDAR YEAR	
	the federal government to dete January – December). Please		's eligibility. It will be kept o	confidential. Repo	ort income
Employer's Name		Employer's Name	; <u> </u>	Employer's Name	
Total Annual Income		Total Annual Incom	ne To	Total Annual Income	
Eligibility is based on taxable i <u>Form1040 or 1040A</u> (both pag December).	ed on your Federal Income Tax ncome. For verification purpose les) or your W-2 Statements of NON-EMPLOYMENT	es, please attach a <u>s</u> Income from all emp	ployers for the last full caler	ndar year (January	y –
Social Security/SSI:	\$	Food/Housing Assistance		\$	
Pension:	\$		Other DHHS Assistance:	\$	
Child Support/Alimony:	\$		Unemployment Benefits:	\$	
Court Ordered Assistance:	\$	Other Income:	Source	\$	
	ome source and <u>attach your An</u> ou received income. For applica				
		IE VERIFICATION SUP			
understand that falsification	ual household income is ac n of this information constitu in the Oakland University Pu	tes a federal viola	tion and may cause imn	mediate ineligibili	

ATTACH A COPY OF STUDENT'S SOCIAL SECURITY CARD TO THIS APPLICATION.

Parent/Guardian Signature

PROJECT UPWARD BOUND – OAKLAND UNIVERSITY PLEDGES/RELEASES

Student: I will give my very best effort to learn and achieve to prepare for college success. I will participate in required PUB activities. I understand that I may lose my PUB membership if I don't participate and follow the rules. I authorize

PUB to access my high school and college records for as long as PUB has to report my progress to the federal government. Student's Signature MI College Access Network Code Date Parent: I verify the truth of the information in this application packet. I understand that untruthfulness may result in membership denial or cancellation. I authorize School District, state, and college officials to release academic and social records to PUB for application, monitoring, and tracking purposes. I will attend mandatory meetings and participate in the PUB Parent Association. I will model appropriate behavior in the presence of participants. I understand that a move out of the District/School and the city may disqualify my child for PUB services. Parent's/Guardian's Signature Date School District Access Code FOR OFFICE USE ONLY - APPLICANT, DO NOT WRITE BELOW THIS LINE **Application Packet Content Check-off: Eligibility Status:** Applicant Social Security Card Low Income & First Generation Signed Income/Court Verification: _____ Low Income Only Type First Generation Only Grade Report/Transcript 8th Grade State Proficiency Scores: High Academic Risk: Math **Educator Evaluations** Circle if NP Not Eligible: N/A, Paperwork Incomplete Essay **Interview Date: Oral Notice Date: Committee Recommendation: Oral Notice By:** Initials _____ Admit Now _____ Do Not Admit **Written Notice Date:** Admit Later **Final Decision: First Entry Date:** Admit: Good Standing **Exit/Leave Date:** Admit: Probationary. D-Day: _____ **Exit Reason:** _____ Defer Admission Until: _____ **Re-Entry Date:** ____ Guest until _____ **Comments/Contacts:** Do Not Admit **Date/Time Application Rec'd by PUB:**

Approving Signature