





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

**EDUCATIONAL INFORMATION**

Does either parent/guardian in the home have a bachelor's degree? \_\_\_\_\_ No \_\_\_\_\_ Yes

Was either parent/guardian in Upward Bound in high school? \_\_\_\_\_ No \_\_\_\_\_ Yes

List names of applicant's siblings who have been in Upward Bound at Oakland University. \_\_\_\_\_

**PARENT/GUARDIAN ANNUAL EMPLOYMENT INCOME FROM LAST CALENDAR YEAR**

This information is required by the federal government to determine the applicant's eligibility. It will be kept confidential. Report income for the last full calendar year (January – December). Please list all employers:

_____ Employer's Name	_____ Employer's Name	_____ Employer's Name
_____ Total Annual Income	_____ Total Annual Income	_____ Total Annual Income

Number of Exemptions Claimed on your Federal Income Tax Return Forms: \_\_\_\_\_

Eligibility is based on taxable income. For verification purposes, please attach a signed copy of your U. S. Income Tax Return, Form 1040 or 1040A (both pages) or your W-2 Statements of Income from all employers for the last full calendar year (January – December).

**PARENT/GUARDIAN NON-EMPLOYMENT MONTHLY INCOME FROM LAST CALENDAR YEAR**

Social Security/SSI:        \$ _____	Food/Housing Assistance : \$ _____
Pension:                        \$ _____	Other DHHS Assistance: \$ _____
Child Support/Alimony:     \$ _____	Unemployment Benefits: \$ _____
Court Ordered Assistance: \$ _____	Other Income: _____ \$ _____

Source

List the amount from each income source and attach your Annual Income Statement for last full calendar year (January – December) from the agency from which you received income. For applicants in foster care, submit verifying court documents in lieu of financial documents.

**INCOME VERIFICATION  
(SIGNED AGENCY DOCUMENTATION SUPERCEDES)**

I verify that my total annual household income is accurate as recorded above or that this child is in foster care. I understand that falsification of this information constitutes a federal violation and may cause immediate ineligibility and/or termination of membership in the Oakland University Project Upward Bound College Prep Academy.

\_\_\_\_\_  
Parent/Guardian Signature

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

# 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 \_\_\_\_\_ Date \_\_\_\_\_ MI College Access Network Code

**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:**

- \_\_\_\_\_ Applicant Social Security Card
- \_\_\_\_\_ Signed Income/Court Verification: \_\_\_\_\_ Type
- \_\_\_\_\_ Grade Report/Transcript
- \_\_\_\_\_ 8<sup>th</sup> Grade State Proficiency Scores: Math Reading
- \_\_\_\_\_ Educator Evaluations \_\_\_\_\_ Circle if NP
- \_\_\_\_\_ Essay

**Eligibility Status:**

- \_\_\_\_\_ Low Income & First Generation
- \_\_\_\_\_ Low Income Only
- \_\_\_\_\_ First Generation Only
- \_\_\_\_\_ High Academic Risk: \_\_\_\_\_
- \_\_\_\_\_ Not Eligible: \_\_\_\_\_
- \_\_\_\_\_ N/A, Paperwork Incomplete \_\_\_\_\_

**Interview Date:** \_\_\_\_\_

**Oral Notice Date:** \_\_\_\_\_

**Committee Recommendation:**

- \_\_\_\_\_ Admit Now \_\_\_\_\_ Do Not Admit
- \_\_\_\_\_ Admit Later

**Oral Notice By:** \_\_\_\_\_  
Initials

**Written Notice Date:** \_\_\_\_\_

**Final Decision:**

- \_\_\_\_\_ Admit: Good Standing
- \_\_\_\_\_ Admit: Probationary. D-Day: \_\_\_\_\_
- \_\_\_\_\_ Defer Admission Until: \_\_\_\_\_
- \_\_\_\_\_ Guest until \_\_\_\_\_
- \_\_\_\_\_ Do Not Admit

**First Entry Date:** \_\_\_\_\_

**Exit/Leave Date:** \_\_\_\_\_

**Exit Reason:** \_\_\_\_\_

**Re-Entry Date:** \_\_\_\_\_

**Comments/Contacts:**

**Date/Time Application Rec'd by PUB:**

\_\_\_\_\_

**Approving Signature**

**Date**