

STUDENT INFORMATION:

1. Student Name: _____
Last First MI
2. Address: _____
Street Address

City State Zip
4. Cell Phone: (____) _____ Student Email: _____
5. Birth Date _____ Age _____ 6. Social Security #: _____ I do not have SS #
7. Gender: Male Female 8. LPS Student ID#: _____
- 9*. **Student Identifies as Hispanic/Latino:** Yes / No 10*. **Race:** White American Indian/Alaska Native
 Black Native Hawaiian/other Pacific Islander
 Asian
- Please answer both 9* and 10*
11. Name of school currently attending: _____ Current Grade: _____
Name of school attending next academic year: _____
12. Is Student a U.S. Citizen? Yes No Or, a permanent resident of a U.S. Territory or have you applied or
intend to apply for U.S. citizenship? Yes No Alien Registration Receipt Card #: _____
13. Are you a State Ward? Yes No 14. Do you have a disability (physical, emotional, learning)? Yes No

PARENT INFORMATION:

15. Parent/Guardian Name: _____
Last First MI
Head of Household: Yes No If you check "No" Who is head of household: _____
16. Your Relationship to student: _____ Occupation: _____ Employer: _____
17. Work Phone: (____) _____ Home/Cell: (____) _____ Email: _____
18. Marital Status (please check): Single Married Separated Divorced Widowed Foster Parent
19. With whom does student reside with most of time? Mother Father Both Other: _____
20. **Emergency Contact Information:** If we are unable to contact you in the case of an emergency, who would you like us to contact?
- | | | |
|------|------------------------|--------------------------------|
| (#1) | Name: _____ | Relationship to Student: _____ |
| | Home/Cell Phone: _____ | Work Phone: _____ |
| (#2) | Name: _____ | Relationship to Student: _____ |
| | Home/Cell Phone: _____ | Work Phone: _____ |
21. **First Generation:** Have either of the parents/legal guardian(s) currently living in your home received a Bachelor's Degree from a four-year institution in the **United States?** Yes No
22. **Highest Degree Mother Received:** _____
23. **Highest Degree Father Received:** _____

Parental Permission, Certification and Verification to be completed by the Parents(s) or Legal Guardian(s)

Please understand that the Upward Bound Math/Science administrative staff respects the confidentiality of each applicant and his/her family. Considerable care is observed to assure that personal and family information is not publically accessible. Understanding the Upward Bound Math/Science commitment, do you:

- 1. Give parental/legal guardian permission for my son or daughter to participate in the Upward Bound Math/Science academic year program and the residential six-week summer program held at the University of Nebraska-Lincoln.
Yes No **Initials** _____
- 2. Give the Upward Bound Math/Science staff permission to access my son or daughter’s academic records (i.e. health records, free/reduced lunch application, grade reports, transcripts, test scores, class schedules, etc.).
Yes No **Initials** _____
- 3. Give parental/legal guardian permission for my son or daughter to participate in Upward Bound Math/Science research projects, assessments, and other evaluations during the academic year and residential six week summer program held at the University of Nebraska-Lincoln.
Yes No **Initials** _____
- 4. Give parental/legal guardian permission to track my child’s academic progress throughout high school, even if they should discontinue participation in the UBMS Program.
Yes No **Initials** _____
- 5. Agree to verify my income by either submitting a copy of my currently filed income tax return with the application or if a return was not submitted, by giving us a written permission to request “Certification of Monthly Assistance” from the Department of Social Services.
Yes No **Initials** _____
- 6. Give parent/legal guardian permission for UBMS Staff to contact and notify my child via email or social networking site.
Yes No **Initials** _____

RELEASE INFORMATION Initialing in this section gives the parent/guardian consent for the following releases/consents.

- | | | |
|---|--------------------------------|--------------------------------------|
| Permission and consent for transportation | <input type="checkbox"/> Agree | Parent/Legal Guardian Initials _____ |
| Consent for release of information | <input type="checkbox"/> Agree | Parent/Legal Guardian Initials _____ |
| Consent for the release of income information | <input type="checkbox"/> Agree | Parent/Legal Guardian Initials _____ |
| Consent for advising services | <input type="checkbox"/> Agree | Parent/Legal Guardian Initials _____ |
| Consent for medical treatment for UB activities | <input type="checkbox"/> Agree | Parent/Legal Guardian Initials _____ |
| Authorization and Release for Photographs | <input type="checkbox"/> Agree | Parent/Legal Guardian Initials _____ |

STUDENT AND PARENT SIGNATURE AND APPROVAL

I (We) understand that Upward Bound Math/Science will use the data provided on this form to assist in assessing any academic and/or career planning needs for your student. I (We) understand all the information will be used in strict confidence. I (We) certify that all the information provided is correct to the best of my (our) knowledge.

Student’s signature _____
Date

Parent/Legal Guardian’s signature _____
Date

**I further certify that all the information on this form is valid and correct.
A copy of my income tax return form 1040, Medicaid card and/or income verification are/is attached.**

Parent/Legal Guardian’s signature _____
Date

FAMILY FINANCIAL STATEMENT

One of the criteria for admissions in the Upward Bound Math/Science Program is meeting the income guidelines established by the U.S. Department of Education. Before we can determine your son or daughter's eligibility, we need the following information. Please read carefully and complete all blanks. All income information is considered confidential and is maintained only in the Upward Bound Math/Science office.

Did you file an income tax return? Yes No

If "Yes" a copy of your most recent Federal Income Tax Form is required. Recent tax year filed 20__ __

*If NO, what was your Total Family Income? _____
Source of Income: _____

Recent Fed Tax Return Total Income: (1040-Line 22, 1040A-Line 21) \$ _____

Recent Taxable Income: (1040-Line 43, 1040A-Line 27, 1040EZ-Line 6) \$ _____

FREE / REDUCED LUNCH ELEGIBILITY

Check One Box Below:

Yes, my student is participant of the Free Lunch Program.

Yes, my student is a participant of the Reduced Lunch Program.

No, my student does not receive Free/Reduced Lunch Program.

How many dependents were claimed on your income tax form for the year indicated? _____

Total number of persons residing in household? _____

For Office Use Only

The U.S. Department of Education's approved income limit for a family of ____ is \$ _____

Participant of the Free/Reduced Lunch Program?

Yes No

The family's verified taxable income is \$ _____

Therefore, the student is classified as:

First-Generation/Low-Income

Low-Income only

First-Generation only

GPA _____

Accepted Denied

Does not attend a target school Does not meet Federal income guidelines Other (specify) _____

Assistant Director's Signature **Date**

OTHER SOURCES OF PROGRAM ELEGIBILITY

Of the following sources of income, which do you qualify for? (If you have additional income list under "Other Income")

If you receive financial assistance please provide the name of the agency and contact person.

Agency Name _____

Contact _____

Phone # (____) _____

Public Assistance Rate per Month: \$ _____

Social Security Rate per Month: \$ _____

Disability Assistance per Month: \$ _____

Veteran's Benefits Assistance per Month: \$ _____

Other Income (please specify)

(1) _____

\$ _____ per Month

(2) _____

\$ _____ per Month

(3) _____

\$ _____ per Month

As Parent/Guardian, I hereby consent to the release of amount and type of assistance I receive each month to the Upward Bound Math Science Program at the University of Nebraska-Lincoln.

Parent Signature: _____

Student Signature: _____

Student and Parent Signature and Approval

I (We) understand that the Upward Bound Math Science Program will use the data provided on this form to assist in assessing any academic and/or career planning needs and that all of the information will be used in the strictest of confidence. I certify that all information provided is correct to the best of my knowledge.

Student's Signature **Date**

Parent/Guardian's Signature **Date**