

GECAC Upward Bound Program: Student Application

I. STUDENT INFORMATION (Please Print in blue or black ink)

Name: (First)_____ (Middle)___ *(optional)*___ (Last)_____

Mailing Address:_____.

City:_____ State:_____ Zip:_____.

Telephone: (_____)_____ and/or (_____)_____

Student E-mail *(optional)*: _____

Date of Birth: ____/____/____ Age: _____

Gender: Male_____ Female_____

Are you a U.S. citizen? Yes_____ No_____

If No, what is country of permanent residency? _____

Alien Registration Card Number: _____

Ethnic Background (if multi-racial, please check all that apply):

____ African American/Black

____ Latino/Hispanic

____ Asian American

____ Native American

____ Caucasian/White

____ Pacific Island

Current high school _____

Current grade level: ____9 ____10 ____11 ____12

Expected graduation year _____

Are you interested in attending college after you graduate high school? ☐ Yes ☐ No ☐ I don't know

If Yes, what would you like to go to College for? _____.

What subject in school do you like the best? _____.

What subject in school do you like the least? _____.

Are you taking any Honors Classes? ☐ Yes ☐ No

Student Response: Please write why you should be part of Upward Bound and what you intend to accomplish while in the program.

III. Confidential Family Information

To be completed by a parent/guardian. The GECAC Upward Bound Program is funded by the U.S. Department of Education that requires documentation on specific statistics about the students we serve. Please complete Parts 1-3 below and sign where requested on the last page. Please do not hesitate to contact us if you have any questions. All information on this form is **STRICTLY CONFIDENTIAL** and will be used for statistical purposes only.

Part 1: (Please check all information that applies)

Who does the student live with? ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other

Please check education level attained:

Father: ☐ 0 – 8 ☐ 9 – 12 (non-graduate) ☐ high school/GED graduate ☐ graduate plus some postsecondary ☐ 4-year college graduate

Mother: ☐ 0 – 8 ☐ 9 – 12 (non-graduate) ☐ high school/GED graduate ☐ graduate plus some postsecondary ☐ 4-year college graduate

Part 2: (Please complete all information)

Do you: Own your home? ☐ Pay Rent? ☐ Stay with Others? ☐

Number of people in the household . Your family may be eligible for additional services by providing information for all other individuals living in the household. Please use additional sheet for more than 6 members.

First & Last Name	Date of Birth	Individual income	Relationship
			Head of household

Does your family have health insurance? ☐ Direct Purchase ☐ Employment Based
☐ Medicare ☐ State CHIP ☐ State Ins for Adults ☐ Other ☐ No

What is your source of income? ☐ Employment ☐ TANF ☐ SSI ☐ Child Support
☐ Social Security ☐ Pension ☐ Unemployment ☐ Disability ☐ General Assistance

Does your family receive any other source of income such as?
☐ Food stamps ☐ Medicaid ☐ WIC ☐ Subsidized Day Care ☐ Subsidized Housing

At school, does your child receive: ☐ Free Lunch ☐ Reduced lunch

Is your child a former GECAC Head Start Program student? ☐ Yes ☐ No

Did you file a federal income tax return last year? ☐ Yes ☐ No
(If no, go to part 3)

Check below the appropriate yearly taxable income category from last year.

Refer to IRS Form 1040 ~ line 43, 1040A ~ line 27, 1040EZ ~ line 6.

<input type="checkbox"/> Less than \$18,735 ⁽¹⁾	<input type="checkbox"/> \$38,626 - \$45,255 ⁽⁵⁾	<input type="checkbox"/> \$65,146 or above
<input type="checkbox"/> \$18,736 - \$25,365 ⁽²⁾	<input type="checkbox"/> \$45,256 - \$51,885 ⁽⁶⁾	
<input type="checkbox"/> \$25,366 - \$31,995 ⁽³⁾	<input type="checkbox"/> \$51,886 - \$58,515 ⁽⁷⁾	(For each addition +\$6,630)
<input type="checkbox"/> \$31,996 - \$38,625 ⁽⁴⁾	<input type="checkbox"/> \$58,516 - \$65,145 ⁽⁸⁾	

Please explain any **additional circumstances** (i.e. extraordinary family expenses, handicap, disability, job loss, etc.) to be considered for eligibility in the Upward Bound Program. Use additional sheet if necessary. *(optional)*

Upward Bound (UB) is a challenging program that assists students for enrollment in either a 2-year or a 4-year college or university. UB has limited vacancies each year and there will be specific student expectations that will be monitored. These include the following:

- § Regular attendance in school
- § Regular Saturday program attendance
- § Improved grade point average each grading period
- § Commitment to full participation during at least one six-week summer residential component at Edinboro University.
- § Participation in class and program activities
- § Respect for all individuals
- § Appropriate behavior in school and Upward Bound

Parent / Guardian Expectations

Are you aware that Upward Bound is a multi-year commitment with the ultimate goal of your student enrolling in college immediately after high school? If your student is accepted into the program, are you willing to support him/her by:

- Encouraging regular school and UB program attendance
- Attending mandatory student and parent meetings when scheduled
- Providing transportation for your child to and from UB activities if necessary
- Communicating with UB staff when necessary

If we need to contact you, it will be during regular GECAC business hours (8:30am to 4:30pm) Please list all numbers that staff may contact you at.

Number: _____ q work q home q cell

Number: *(optional)* _____ q work q home q cell

Number: *(optional)* _____ q work q home q cell

Parent/Guardian E-mail: *(optional)* _____

I certify that the family and financial information is true, correct, and complete to the best of my knowledge.

Parent's/Guardian Name (print): _____

Parent's/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



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Edinboro University of PA





GECAC Upward Bound Records Release Form



By signing this release form, I agree to allow the Greater Erie Community Action Committee (GECAC) Upward Bound program to obtain academic records, i.e. grade reports, transcripts enrollment information, IEP's, test scores and any other relevant educational information for purposes of program evaluation from **any high school** or **post-secondary institution** that I attend. This information will be handled in strict confidence according to federal regulations.

Student's Name (Please Print)

Year of High School Graduation

Signature of Parent or Guardian

Date

Student Signature

Date