Upward Bound Program
Fayetteville State University
1200 Murchison Road
Fayetteville, NC 28301
(910) 672-1126 Fax (910) 672-1872

FOR OFFICE USE ONLY

Taxable Income $_____ Household Size _____

Eligibility Codes:
□ LI/FG □ FG
□ LI □ Disabled

Director's Signature _____

First Service Date:_____/_____/_____ Initials: _____

Upward Bound is a federally funded program designed to assist students who wish to continue their studies beyond the high school level with the exploration of college and career opportunities.

STUDENT INFORMATION

Name: _____ SS# _____-_____-_____
First MI Last

Address:_____ City _____ State _____ Zip _____

Phone #:_____ 2nd Phone #:_____

E-mail Address:_____

Date of Birth:_____/_____/_____ Sex: M or F U.S. Citizen? Yes _____ No _____

Ethnicity:
Are you Hispanic/Latino? Yes ____ No ____

Check all that apply

Am. Ind./Alaska Native____ Asian ___ Black/African American ___ Native Hawaiian/Other Pacific Islander ___
White ___ Multiple Races ____ Other____

School: _____ Current Grade Level : 9 10 11

NEEDS ASSESSMENT

1. I need to receive better grades in school.	Yes	No
2. I need to develop stronger study skills and habits.	Yes	No
3. I need tutoring.	Yes	No
4. I need academic instruction in Math (through Pre-Calculus).	Yes	No
5. I need academic instruction in Science.	Yes	No
6. I need academic instruction in English.	Yes	No
7. I need academic instruction in Spanish.	Yes	No
8. I need to understand my interests, abilities, and other traits.	Yes	No
9. I need to explore careers that interest me.	Yes	No
10. I need to learn about the correct academic classes that should be taken to prepare for college.	Yes	No
11. I plan to attend college after high school.	Yes	No
12. I need to learn more about college admissions requirements.	Yes	No
13. I need assistance with preparing for the college entrance exams.	Yes	No
14. I need to learn more about financial aid and scholarships.	Yes	No
15. I need to experience more cultural enrichment activities.	Yes	No
16. I need to visit college campuses to explore my options.	Yes	No
17. I need to get involved in positive activities.	Yes	No
18. I have a Grade Point Average (GPA) of a 2.6 or below	Yes	No
19. I am currently participating in the Educational Talent Search Program	Yes	No
20. I need assistance with preparing for the End of Course (EOC) tests and Computer Skills Test	Yes	No
21. I have thought about dropping out of school.	Yes	No

Student's Signature Date

Revised 05/08

FAMILY INFORMATION FORM

This information is needed to certify eligibility for the Program

ALL INFORMATION ON THIS FORM WILL BE HELD STRICTLY CONFIDENTIAL.

Mother (Female Guardian):_____

Address:_____

Home Phone:_____ Work Phone: _____

Highest Grade Completed By Mother: Middle School ____ High School ___
College: 1 2 3 4 Bachelor's Degree___

Father (Male Guardian):_____

Address: _____

Home Phone: _____ Work Phone:_____

Highest Grade Completed By Father: Middle School ____ High School ___
College: 1 2 3 4 Bachelor's Degree ___

Medical History

Does your child have a physical impairment, medical condition, emotional or psychological problems, or disability? Yes No

If yes, please list: _____

Does your child take any type of medication? Yes No

If yes, please list: _____

Does your child have any allergies? Yes No

If yes, please list: _____

Income Verification

Did you file income taxes last year? ☐ Yes ☐ No

If you answered yes, please submit a signed copy of your completed income tax form (1040, 1040EZ, 1040A).

Do you receive Public Assistance (TANF, Food Stamps, Social Security, or Disability)? Yes____ No _____

Please circle all that apply

How many people reside in your household? _____

My signature certifies that the above information is correct to the best of my knowledge. I understand that this information is confidential and will only be used for income verification for the Upward Bound Program at Fayetteville State University.

_____ _____

Signature of Parent/Guardian Date

Revised 05/08