

**UPWARD BOUND AND UPWARD BOUND MATH/SCIENCE**  
**SOUTHEASTERN OKLAHOMA STATE UNIVERSITY**

[www.se.edu/upwardbound](http://www.se.edu/upwardbound)

**2020 STUDENT APPLICATION**

**I. PERSONAL INFORMATION** (Please print or type)                      DATE: \_\_\_\_\_

\_\_\_\_\_  
First                      Middle Initial                      Last                      AGE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SEX: Male \_\_\_\_\_ Female \_\_\_\_\_ U.S. CITIZEN: Yes \_\_\_\_\_ No \_\_\_\_\_

ETHNIC BACKGROUND: Are you Hispanic or Latino?                      YES      NO

**If you are not Hispanic/Latino, place an X by all of the following that describe your race:**

\_\_\_\_\_ American Indian/Alaskan Native      \_\_\_\_\_ Asian      \_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or other Pacific Islander      \_\_\_\_\_ White      \_\_\_\_\_ Two or More Races

HIGH SCHOOL: \_\_\_\_\_ SCHOOL COUNSELOR: \_\_\_\_\_

CURRENT GRADE IN SCHOOL: 9 10 11

Are you currently a participant in an Upward Bound, Talent Search (STEPS), or Gear Up Program? \_\_\_\_\_  
If so, indicate program. \_\_\_\_\_

Have you ever been charged with or convicted of a crime? (If Yes, Explain) \_\_\_\_\_

**II. FAMILY INFORMATION** (Federal regulations require documentation of family income and educational attainment of parents.)

Hheads of Household	Relationship to Student	Highest Grade Achieved	Degree Attained (If Any)
Name _____	_____	_____	_____
Name _____	_____	_____	_____

**TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

<b>FAMILY INCOME</b> Taxable Income indicated on 1040 Tax Form (for 2019) <b>Taxable income amount on</b> <b>Line 11b of 1040 Tax Form</b> _____	<b>NUMBER IN FAMILY LIVING AT HOME</b> (include yourself) Adults: _____ Children: _____ TOTAL: _____
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**A COPY OF YOUR 2019 TAX RETURN MUST BE ATTACHED TO THIS APPLICATION AND IT MUST BE SIGNED. IF YOU WERE NOT REQUIRED TO FILE A TAX RETURN, PLEASE PROVIDE PROOF OF INCOME.**

I, \_\_\_\_\_, understand that the Upward Bound Programs must verify eligibility for  
(name of parent or guardian)  
all of its participants, including family income, educational attainment of parents/guardians, and family size. With my signature, I certify that all information listed above is correct and that I am the legal guardian for the student listed in Section I.  
Furthermore, in signing this statement, I give my permission for the release of information regarding educational records and required documentation for the above named applicant to participate in the Upward Bound Programs and to track educational progress through the student's postsecondary education.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Equal Opportunity Statement

This institute, in compliance with Title VI and VII of the Civil rights Act of 1972, and other Federal laws and regulation, does not discriminate on basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices or procedures. This includes, but is not limited to admissions, employment, financial aid and educational services.

**(MORE ON BACK)**

TO BE COMPLETED BY STUDENT APPLICANT:

NAME: \_\_\_\_\_

Explain below why you would like to be a participant in the Upward Bound Programs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your educational and career goals and how you plan to achieve those goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List below specific areas that you feel Upward Bound can assist you with. (Examples might be improving grades in school, study skills, college entrance exam prep, identifying college choices, identifying costs of colleges, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, if selected as a member of an Upward Bound Program at  
(name of student applicant)

Southeastern Oklahoma State University, agree to participate in the entire program and conduct myself in a way to bring credit to myself, my family, my community, my school, and the Upward Bound Programs. I will not use alcohol or other drugs, and will abide by the rules and regulations set forth in the Upward Bound Programs policy for the entire length of time that I am a participant in this Upward Bound Program. I agree to attend all planned meetings during the academic year, the summer program, scheduled field trips and complete assignments. I understand that the goal of the Upward Bound Programs is for me to graduate from high school and continue my education by attending college or technical school and will do my best to accomplish this goal.

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Date

**IMPORTANT: In order for this application to be complete, you must attach a copy of your parent/guardian's 2019 income tax return and the RETURN MUST BE SIGNED BY YOUR PARENT/GUARDIAN. If they were not required to file a tax return, proof of the family's income must be attached indicating what the family income is and it must be signed and dated by your parent/guardian. If you have any questions about this, please call our office at (580)745-2706.**

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FOR OFFICE USE ONLY

LF/FG \_\_\_\_\_  
LI only \_\_\_\_\_  
FG only \_\_\_\_\_

Received: \_\_\_\_\_  
Acknowledged: \_\_\_\_\_  
Accepted: \_\_\_\_\_

Comments: \_\_\_\_\_  
NOTE: This is a confidential record. Information contained within this record will not be released to anyone without written permission