



Alcorn State University

**Upward Bound Program
1000 ASU Drive #659
Alcorn State, Mississippi 39096-7500**

STUDENT APPLICATION

Applicant: Please print in ink or type this application. Read carefully before completing. Incomplete applications will be returned unprocessed.

SECTION A:

Name of Applicant _____
Last First Middle

Home Address _____
Street No./Name or Box No. E-mail address

_____ City State Zip Code

Home Phone _____ Social Security Number _____

Birthdate _____ / _____ / _____ Sex _____ Age _____
Month Day Year

SECTION B:

Race: Black _____ White _____ American Indian _____ Asian _____
Hispanic _____ Other _____

Are You a U.S. Citizen? _____ Yes _____ No

SECTION C:

School you are currently attending _____

Current Grade _____ Upcoming Grade _____

School you will be attending after promotion to the next grade _____

City _____ Telephone _____

Principal _____ Counselor _____

FAMILY INFORMATION

SECTION D:

Father's Name _____ Living _____ Deceased _____

Address _____ Occupation _____

City _____ State _____ Zip _____

Name of high school attended _____

Highest grade completed _____

Diploma received _____ Yes _____ No

Name of college attended _____

Number of years completed _____

Bachelor's Degree received _____ Yes _____ No

SECTION E:

Mother's Name _____ Living _____ Deceased _____

Address _____ Occupation _____

City _____ State _____ Zip _____

Name of high school attended _____

Highest grade completed _____

Diploma received _____ Yes _____ No

Name of college attended _____

Number of years completed _____

Bachelor's Degree received _____ Yes _____ No

SECTION F:

Marital status of parents?

_____ Married _____ Single _____ Widow(er) _____ Divorced _____ Separated _____

Who do you live with? _____

(If other than biological or adoptive parents, please submit legal guardianship documentation)

Relationship _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____

List the number of people living in the household that is supported financially by the same person supporting you. A copy of your parent(s) or Guardians' IRS Tax Return (signed) or their IRS Transcript must be submitted.

<u>Household Member(s)</u>	<u>Relationship</u>	<u>Age</u>

1. Student	Myself	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SECTION G:

STUDENT CONTRACTUAL AGREEMENT

If I am accepted in the Upward Bound Program:

1. My purpose will be to prepare for entrance into a college or some form of postsecondary education following high school graduation;
2. I will participate in the summer residential and academic year program;
3. I will attend all classes, seminars, Upward Bound Program functions, tutoring and counseling sessions, and will complete all class and library assignments to the best of my ability;
4. I will abide by the rules and regulations of the Upward Bound Program and Alcorn State University; and
5. I understand that poor attendance and program violation(s) will be a basis for dismissal from the Upward Bound Program.

I certify that the above information is true and complete to the best of my knowledge.

Student's Signature _____

Date _____

PARENT AGREEMENT

If my child is admitted into the Upward Bound Program, I agree to take the responsibility of my child's participation in the program, participate in meetings, orientation sessions, or workshops organized by the program for the purpose of improving my son's or daughter's chances of personal and educational success.

Natural, Adoptive Parents or Guardians' Signature

Date

SECTION H:

OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Total Household Size: _____ Family Income: \$_____ () Monthly
() Annually

Applicant's GPA _____

Low-Income: _____

First Generation _____

Low-Income and First Generation: _____

Approved _____ Yes _____ No _____ Date _____

Beginning Date: _____

Ending Date: _____

Reason(s) _____ Termination _____ Missing Days _____ Other (please specify) _____

Disapproved (Reason) _____

Placed on waiting list _____ Yes _____ No _____ Date _____

(Reason) _____

Referred to another program _____ Yes (Name) _____

_____ No (Reason) _____

Note: Applicant must provide a written request.

Counselor Date

Director of Upward Bound Program Date

ALCORN STATE UNIVERSITY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.