



101 Broad Street, Plattsburgh, NY 12901
Phone: (518) 564-2030 • 1-888-578-7812
Fax: (518) 564-3035
www.ubplattsburgh.org



Student Name: _____ Gender: _____
(Last) (First) (Middle)

Preferred Name: _____ Pronouns: _____

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ Age: _____ Social Security Number: _____

Home Phone #: _____ Student Cell #: _____ Parent Cell #: _____

Parent Email: _____ Student Email: _____

Emergency Contact Name: _____ Relationship: _____ Phone #: _____

Applicant Lives with: [] Both Parents [] One Parent [] Parent/Step-parent [] Guardian
[] Other (please explain) _____

[] US Citizen [] Permanent Resident [] Other _____

Father/Guardian Name: _____
(Last) (First) (MI)

Occupation: _____ Employer: _____ Work Phone: _____

Level of Education Completed: High School: 9 10 11 12 College: 1 2 3 4
(please circle) (please circle)

Mother/Guardian Name: _____
(Last) (First) (MI)

Occupation: _____ Employer: _____ Work Phone: _____

Level of Education Completed: High School: 9 10 11 12 College: 1 2 3 4
(please circle) (please circle)

Number of Brothers/Sisters: _____ How many are living at home? _____

List Persons Residing in Your Household (including yourself and siblings in college):

Table with 3 columns: Name, Age, Relationship. Multiple rows for listing household members.

FOR OFFICE USE ONLY:

Eligibility: 1/3 2/3 [] Transcript
[] 1st Teacher Recommendation [] 2nd Teacher Recommendation [] Counselor Recommendation
[] Taxes [] ELA [] Math [] A [] CA [] WL [] N

SCHOOL

Name of High School: _____ Grade: _____

School Counselor: _____

STUDENT STATEMENT

How did you hear about Upward Bound?

Why do you want to be in Upward Bound?

What do you want to do after completing high school?

What are your interests (i.e: hobbies, athletics, extra-curricular activities)?

(Admission to Upward Bound is based on the qualifications of the applicant without regard to gender, race, color, national origin, or disability)

Date of Application: _____

Applicant's Signature: _____



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TRANSCRIPT RELEASE FORM

I hereby give my authorization to: _____
(Name of High School)

to release transcripts and other pertinent records for: _____
(Student)

to the SUNY Plattsburgh Upward Bound Program. If accepted into the Upward Bound Program, the school may continue to release the above-mentioned records so long as he/she is a participant in the Program.

(Signature of Parent/Guardian)

(Date)

Eligibility Information

Upward Bound is an educational program sponsored by the U.S. Department of Education for high school students from modest income families and/or who will be first generation college-going students. In order to be eligible, one or both of these requirements must be met.

Is this student in foster care? Yes No

If yes, then the student is automatically eligible and you do not need to complete this page. Please have the Commissioner of Social Services or natural parent sign and date.

Signature: _____ Date: _____

County: _____

Family Financial Statement

I. How did you file on your federal tax forms? (Form 1040)

Married (Filing Jointly) Married (Filing Singly) Single or Head of Household

Did not/Do not plan to file (Reason): _____

II. From the preceding year, what was your family's **federal taxable income** as stated on IRS form 1040?

\$ _____ (line 15 on IRS form 1040)

III. Please enclose a copy of the preceding year's federal tax return

OR

Proof of public assistance / SSI benefits with this application.

Educational Attainment Information

Did either natural or adoptive parent, with whom the applicant is now living, graduate from a four-year college or university? Yes No

I certify that the information above is true and accurate as reported. I agree to give documentation to the Upward Bound Program as requested.

Parent/Guardian Signature: _____ Date: _____

Place
Stamp
Here



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