



UPWARD BOUND

Cal Poly, San Luis Obispo

APPLICATION

Personal Information

Please answer all questions completely.
If a question does not apply to you, complete the question by marking "N/A" (not applicable). All information you provide will be held in strict confidence.

Incomplete applications will not be considered.

Social Security Number: _____ - _____ - _____

Date of Birth: _____ (MM/DD/YYYY)

Name: _____

Current School: _____

High School: (attending or will attend) _____

Current Grade Level: _____

Street Address: _____

Apt # or Space #: _____ none

P.O. Box: _____ none

Ciudad: _____, Estado: _____

Codigo Postal: _____

Home Phone: () _____

Alternative Phone: () _____

E-mail Address _____

Gender Male Female

Language

What language(s) are primarily spoken in your home?

English Spanish Other _____

Race and Ethnicity

Are you Hispanic/Latino: yes no

Please select one or more of the following that apply to you:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White



Residency

Upward Bound is a Federal Program funded through the U.S. Department of Education. Acceptance into the program is contingent upon meeting eligibility criteria and space availability. The following information is used to determine eligibility for the Upward Bound Program.

Residency

- U.S. citizen
- Permanent Resident of United States
#: _____
- Residing in United States with intention of becoming a Citizen or Permanent Resident
- Other: _____

Education

Please indicate the highest education level COMPLETED by the parent (s) you live with:

Mother

- Less than High School
- High School
- Some College
- 4-Year Degree or Beyond

Father

- Less than High School
- High School
- Some College
- 4-Year Degree or Beyond

Size of Family _____

(# of people in your household, including yourself)

Parent's Employment (title of position, if employed)

Mother: _____

Father: _____

Other Programs

Please check programs in which you have participated: (Mark all that apply)

- Upward Bound
- Talent Search
- Mesa
- AVID



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Website: www.sas.calpoly.edu/ub

SIGNATURE PAGE/PÁGINA DE FIRMA

Program Expectations/Requirements

Completing the application does not assure acceptance in our program. In order to be considered for the program you must comply with the following requirements:

- All students are required to have at least a 2.0 GPA or higher (according to the most recent progress report, quarter or semester grades). In addition, Honors and Advanced Placement (AP) classes will receive extra points in GPA calculation.
- All students are expected to participate in tutorial sessions, Saturday sessions, field trips and any other activities organized by the Upward Bound staff.
- All students must maintain a positive attitude and a good attendance record at their school.

Student Signature

Date: _____

Depending on the number of applications received, applicants *may* be placed on a waiting list.

CONSENT TO RELEASE INFORMATION CONSENTIMIENTO PARA EL USO DE INFORMACIÓN

I give my consent to _____ to release to the Director of the Upward
(name of high school)

Bound Program and any member of the UB staff, all information pertaining to my child's academic progress in school. I hereby give my permission to allow my child's name, photograph, work and/or statements to be used by Upward Bound for promotional, publicity or instructional purposes.

Doy mi consentimiento a _____ de entregar a el/ la Director(a) del programa
(nombre de la escuela)

de Upward Bound o a cualquier personal de Upward Bound, información pertinente al progreso académico de mi hijo(a). También doy consentimiento para que el nombre de mi hijo(a), fotografía, y/o trabajo relacionado puedan ser usados por el programa de Upward Bound para promociones, publicidad y/o enseñanza.

Parent(Guardian) Signature
Firma de padre (Gaurdian)

Date/Fecha: _____

Student: I apply for services and wish to participate in the Upward Bound Program. I realize that if I do not meet expectations, fulfill program requirements, and fully participate in the program, my position within the program may be rescinded. I understand all information on my application will remain confidential.

Student Signature

Date: _____

Parent: I allow my child's participation in the Cal Poly Upward Bound Program. He/she will be able to participate in the UB summer residential program. Los Padres: Consiento a la participación de mi hijo/a en el programa de Cal Poly Upward Bound. El/ella es permitido/a a participar en el programa del verano de Upward Bound.

Parent(Guardian) Signature
Firma de padre (Guardian)

Date/Fecha: _____