

LONG BEACH CITY COLLEGE UPWARD BOUND PROGRAM

Application for Admission

PERSONAL INFORMATION

1) Name _____ 2) _____
Last First Middle Social Security Number

Note: All Applicants Must Have a SSN

3) Home address _____
Street Apt. #

_____ *City State Zip*

4) Email address _____

5) Telephone (_____) _____ 6) Male _____ Female _____
Area

7) Birthdate ____/____/____ Birthplace _____
Month Day Year City, State, Country

8) Ethnicity Black or African American _____ White _____ American Indian/Alaskan Native _____
Asian _____ Hispanic/Latino _____ Native Hawaiian/Pacific Islander _____ Other _____

9) Are you a U.S. citizen? Permanent Resident? Resident Card Number
Yes ___ No ___ Yes ___ No ___ _____

10) Do you have any physical condition or disability which requires special treatment, or are you under any special medication? Yes ___ No ___

If "Yes," please explain: _____

11) High school _____ Current grade level _____
Counselor's name _____ Overall G.P.A. _____

12) How did you hear about the Program? _____

13) Do you have a sister or brother in the Program? Name? _____

14) Are you involve in any other college preparatory program, such as EAOP, Talent Search or Cal-SOAP?

Essay

On a separate sheet of paper, please submit an essay which discusses: 1) your interests, 2) your educational and professional goals, and 3) your desire to participate in the Long Beach City College Upward Bound Program. *Please do not use a pencil.*

FAMILY INFORMATION

1) Father's/Guardian's name: _____ Occupation: _____

2) Mother's/Guardian's name: _____ Occupation: _____

3) **Education Background** (Please mark appropriate box)

Highest level or degree your father completed:

unknown Middle school/Jr. High High School A.A./A.S. B.A./B.S. other
2-year degree 4-year degree

Highest level or degree your mother completed:

unknown Middle school/Jr. High High School A.A./A.S. B.A./B.S. other
2-year degree 4-year degree

4) In order to establish student eligibility for the Upward Bound Program, we need to know the household's annual taxable income.

Total number of people in household _____

Wages and salary: \$ _____ (before taxes)

Retirement benefits: \$ _____ Social security: \$ _____

Public assistance: \$ _____ Other: \$ _____

Taxable income (See line 43 on Form 1040, Line 27 on 1040A, Line 6 on 1040EZ) for the past year was:

\$ _____

Attach a copy of your tax form 1040, 1040A OR 1040EZ Income Tax Form pages 1 and 2. If not filing Income Tax Returns and receiving state assistance, please submit proof of copy of welfare or SSI income verification forms.

I certify that the information I have given on this application is true. I wish it to be used to determine my eligibility to participate in the LBCC Upward Bound Program. I realize that providing untruthful information is grounds for disqualification from the Program. If I am accepted as a participant, I agree to abide by the rules and regulations of the program. I also agree to release my high school and postsecondary academic records to the LBCC Upward Bound Program.

Applicant's Signature

Date

I certify that the information I have given on this application is true. I realize that providing untruthful information is grounds for my son's/daughter's disqualification from the Program. If my son/daughter is accepted as a participant, I agree to participate in meetings, orientation sessions and workshops organized by the Program, as required for the purpose of improving my child's chances of educational and personal success. Also, I agree to allow my child's high school and postsecondary academic records released to the LBCC Upward Bound Program.

Father's/Guardian's Signature

Date

Mother's/Guardian's Signature

Date

*The Long Beach City College Upward Bound Program does not discriminate against any applicant on the basis of race, sex, handicap, age, national origin, religion or political affiliation.
Funded by the U.S. Department of Education.*

