



University of the District of Columbia
Upward Bound Application
Part 1 – Student Section



Please Print Legibly in Ink

Date of Application _____

Your Last Name

Your First Name

Date of Birth

Student Information

Social Security Number

Mailing Address

City State Zip Code Ward

Home Phone Number

E-mail

Gender (circle one): Male or Female

Who do you live with? (Circle one)

Mother Father Guardian Other

If other, please explain: _____

Medical Conditions: (check all that apply)

Allergies Learning Disabilities

Physical Disability Chronic Illness

Other: _____

US Citizen: (circle one) Yes No

If no, please provide Alien Registration Car No.

Ethnicity: (check all that apply)

Caucasian Black/African-American

Asian Hispanic

American Indian Other _____

School Information

School I am attending now is:

My current grade is: (circle one)

9th 10th 11th 12th

Have you changed schools two or more times other than normal progression: (i.e. - elementary to middle school)

Yes or No

Have you ever had to repeat a grade? (Circle one)

Yes or No

I certify that the information on this form is correct. _____

Student Signature

Office Use Only: Interview Date _____ **Acceptance Date** _____ **Decline Date** _____

The Upward Bound Program at the University of the District of Columbia is funded through a U.S. Department of Education TRIO Grant.



University of the District of Columbia
Upward Bound Application
Part 2 – Parent/Guardian Section
(Parents or Guardians should complete this section)



Please Print Legibly in Ink

Date of Application _____

Father or Guardian Information

Father or Guardian's Full Name

Present Mailing Address

City State Zip Code

Home Telephone

Present Occupation (If unemployed, write "not working")

Employer

Work Telephone

Mother or Guardian Information

Father or Guardian's Full Name

Present Mailing Address

City State Zip Code

Home Telephone

Present Occupation (If unemployed, write "not working")

Employer

Work Telephone

Educational Status

Highest Educational Level Completed: (circle one)

JHS

HS

College

Did you graduate? (Circle one) Yes or No

If yes, what type of degree? _____

Educational Status

Highest Educational Level Completed: (circle one)

JHS

HS

College

Did you graduate? (Circle one) Yes or No

If yes, what type of degree? _____

Family Information

Is student a foster child or ward of the city: (circle one) Yes or No

Total Taxable Income from year 20 ____ \$ _____

Total Number of People Living in Family Household: _____

I certify that the information on this form is correct. _____

Parent Signature



Parental Consent for Medical Treatment of Minors in Upward Bound

In the event that I am unavailable for purposes of providing parental consent, I hereby authorize the physician and staff in the Health Service of the University of the District of Columbia or the hospital/physician at a field trip site to provide such medical treatment as necessary to my son/daughter, _____, while my he/she is enrolled in Upward Bound.

I understand that the consent and authorization herein granted does not include major surgical procedures. This consent is valid unless rescinded by parent. A photo static copy of this original authorization shall be considered as effective and valid as the original.

Physical conditions of the minor noted above that the physician should be aware of are:

I understand that I will be contacted as soon as possible in the event that my child is brought to the Health Service/ Hospital for treatment. If I am not available, please contact:

Name _____ Phone (H) _____
(W) _____

Family Physician _____ Phone Number _____

Health Insurance Policy Number _____

Name of Parent or Guardian (Please Print)

Parent/Guardian Signature

Date

Office of TRIO and College Preparatory Programs
Upward Bound

4200 Connecticut Avenue N.W., Washington, D.C. 20008 p: (202) 274-5032 f: (202) 274-7412



Permission for Release of Information
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This is to certify that I, _____ parent/legal guardian of _____ give the Upward Bound Program at the University of the District of Columbia or any of its authorized agent's permission to receive, review and/or duplicate any academic, attendance, conduct, and medical records for _____.

Last Name, First Name	Grade	Social Security Number
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Street Address		
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City	State	Zip Code
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Student's Signature	Parent/Guardian Signature
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