

Student Name: _____
Phone Number: _____

Address: _____

Cañada College
UPWARD BOUND
STUDENT APPLICATION

Part I: Student Information

Date: _____

Social Security No: _____
(Please provide a copy of your Social Security Card)

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

Address: _____
City: _____ State: _____ Zip Code: _____

Telephone No: () _____ E-Mail: _____

Birth Date: _____ Place of Birth: _____ Sex: Male__ Female__

What is your ETHNIC GROUP: (Your response to this question will not affect the admission decision and is OPTIONAL.)

- | | |
|--|--|
| ☐ Black or African American | ☐ Asian |
| ☐ White or Caucasian | ☐ Native American, Alaskan Native |
| ☐ Hispanic or Latino | ☐ Pacific Islander, Hawaiian Native |
| ☐ Multi-Racial: _____ | ☐ Decline to state |

U.S. Citizen? Yes____ No____

Are you a Permanent Resident? Yes____ No____
(Please provide a copy of your Residency Card or Green Card)

Which country are you a citizen? _____

Is English your first language: Yes ____ No__

Is English the primary language spoken at home? Yes ____ No__

If not, what language(s) is spoken at home: _____

Student Name: _____
Phone Number: _____

Address: _____

Part II: Education Information

What grade are you in now? _____

What grade will you be in next year? _____

What school did you / do you attend? Elementary _____ Middle _____

If you are in High School, please complete this section:

High School: _____

Counselor: _____

School ID number: _____

When did you receive your most recent progress report card?

Month: _____ Year: _____

Copy attached: ____ Yes ____ No

Are you involved in any programs or activities? (ex: Sports, Boys & Girls club, etc.)

Program	Start date – End date	Contact

Part II (a): Release of Educational Information

As part of your application process we would like to review your grades, transcripts, and student files. This form allows the program Staff to access your information. We will not share this information with any outside organization or individuals without your consent.

Student Name: _____
Phone Number: _____

Address: _____

Part II (b): Parents Consent, Release of information and School Records Release Form

Parent Consent

I do hereby consent to the release of school records (including transcripts, report cards, test scores, evaluations, recommendations, and other information regarding my school performance) for my student to the Cañada College Upward Bound program and their designees.

Parent / guardian signature

Date

Please Print (Last)

(First)

(Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime telephone No: () _____

Evening telephone No: () _____

E-mail: _____

Student Consent

I hereby consent to the release of my school records (including transcripts, report cards, test scores, evaluations, recommendations, and other information regarding my school performance) to Cañada College Upward Bound program and their designees.

Student signature

Date

Please Print (Last)

(First)

(Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime telephone No: () _____

Evening telephone No: () _____

E-mail: _____

Student Name: _____
Phone Number: _____

Address: _____

Part III (a): Family information

To be completed by the parents(s) or legal guardian of the student applicant

The Cañada College Upward Bound program is designed for students who are first generation college students and/or from low-income families. The information provided on this form is necessary to make certain that the student is eligible for the program. Of course, this information will be held in strictest confidence. If you have any questions, please call the Cañada College Upward Bound office at: **650-306 3332**.

Name of mother /guardian (s):

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

Address: _____
City: _____ State: _____ Zip Code: _____

Daytime telephone No: () _____
Evening telephone No: () _____
E-mail: _____

Birth Date: _____ Place of Birth: _____ Sex: Male__ Female__

Name of father /guardian (s):

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

Address: _____
City: _____ State: _____ Zip Code: _____

Daytime telephone No: () _____
Evening telephone No: () _____
E-mail: _____

Birth Date: _____ Place of Birth: _____ Sex: Male__ Female__

Student Name: _____
Phone Number: _____

Address: _____

Part III (b): Family Education Information

Please check off the highest level of education completed by the parent(s) or guardian(s), whom the student resides with.

	Elementary	GED/High School	2 Yrs College	4 Yrs. College
Mother	☐	☐	☐	☐
Father	☐	☐	☐	☐
Guardian(s)	☐	☐	☐	☐

Please indicate if your student will be the first generation to **complete** a Bachelors Degree. Potential first-generation college student means:

- (1) An individual **neither** of whose parents/guardians received a baccalaureate degree;
or
(2) A student who, prior to the age of 18, regularly resided with and received support from only **one** parent/guardian who **did not** receive a baccalaureate degree.

Yes ☐

No ☐

Part III (c): Additional Information

Is your student ethnically Hispanic or Latino? Yes ☐ No ☐

Please indicate your student's race (check all that apply):

☐ American Indian/Alaskan Native	☐ Asian
☐ Black or African American	☐ White
☐ Native Hawaiian or Other Pacific Islander	☐ Decline to state

PARENT/GUARDIAN DECLARATION

I/We declare that the college information provided above is true and correct.

Parent's / Guardian's Signature

Date

Student Name: _____
Phone Number: _____

Address: _____

Part IV: Statement of Income

The U.S. Department of Education requires that we document the family income for each student who is admitted to the program. **You must submit a copy of your MOST RECENT tax return (Form 1040 or 1040-A) with this form.** Your application will not be processed until this information is provided. If you did not file a tax return or one is not available, then please submit a copy of other documentation of income, such as:

1. Check stubs from your most recent Social Security check, SSI check, pension check, etc.
2. A signed statement from the participant's parents/ guardians.
3. A signed financial aid application.

Please note the term "low income individual" means an individual whose family's taxable income for the preceding year did not exceed 150% of the poverty level amount. Please refer to the table below to identify if your family does indeed fall into this category.

(Effective **January 11, 2019** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,735	\$23,400	\$21,570
2	\$25,365	\$31,695	\$29,190
3	\$31,995	\$39,990	\$36,810
4	\$38,625	\$48,285	\$44,430
5	\$45,255	\$56,580	\$52,050
6	\$51,885	\$64,875	\$59,670
7	\$58,515	\$73,170	\$67,290
8	\$65,145	\$81,465	\$74,910

If your family receives Public Assistance, please provide the following:

CASE WORKER: _____ CASE NO: _____

CASE WORKER TELEPHONE NO: _____

I, _____, the parent / guardian of _____ do
Hereby state that my **family's current annual taxable income** is \$_____ and that the
total number of people in my household is _____.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given to determine the student applicant's eligibility for the Cañada College Upward Bound program; that the Cañada College Upward Bound program staff may verify the information on the application; and that deliberate misrepresentation of the information may cause the applicant to be denied admission.

Parent's / Guardian's Signature

Date

Address: _____

The purpose of these essay questions is to help the Upward Bound program understand you and what you hope to accomplish in the future. On a separate sheet of paper please answer the two questions below as thoroughly as possible in an essay format. Feel free to attach an additional page if there is other information which you feel would be helpful for Upward Bound to know in considering your application for admission.

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