Upward Bound at University of Central Arkansas
Student Application Form
2025-2026
Student Information

Name: _____
First Middle Last Preferred Name

Address: _____
Mailing Address City State Zip Code

Phone # or Message #: _____ Cell #: _____ Email Address: _____

Emergency Contact Name: _____ Contact Number: _____

Social Security #: _____Date of Birth: _____Location of Birth: _____Gender: _____

Citizenship Status: Are you a U.S. citizen? Yes____ No____ If no, where is your country of permanent residency? _____
Resident Alien? Yes_____ No_____ If yes, Alien Registration # _____

Ethnic Group (for reporting purposes only): Hispanic or Latino? Yes_____ No_____

Race:
___African-American ___ American Indian-Alaskan Native ___ Asian
___Caucasian ___ Native Hawaiian or Pacific Islander ___ Multi-racial ___ Other_____

High School: _____ Grade: _____ Current Estimated GPA: _____

How did you hear about this program? Counselor_____ Teacher_____ UB Student_____ Other _____

What do you plan to do after you graduate high school? (Check all that apply.)

___ Attend a four-year college/university ___ Attend a community college ___ Enroll in a technical college/trade school_____
___ Enlist in the military ___ Full-time employment ___ Other (Please specify.)_____

In what areas can Upward Bound help you? (Check all that apply and rank them in order of importance.)
___ Improve my grades ___ Academic support ___ ACT preparation
___ Career counseling ___ Build my self-esteem ___ Explore ways to pay for college
___ Meet new people ___ Tutoring services ___ Cultural enrichment
___ Develop new interests ___ Reading and study skills ___ College admission procedures
___ Visit college campuses [Campus of interest: _____] ___ Other_____

Please check the courses that you have taken or are currently taking:

___Pre-Algebra ___Algebra I ___Algebra II ___Geometry ___Physical Science ___Biology ___Chemistry
___Foreign language ___Other Math or Science (Describe.) _____

Do you plan to work after school or weekends? Yes_____ No_____

What other activities are you involved in, or plan to become involved in, at your school or in your community? _____
_____
_____
_____

The above information that I have provided is true and accurate to the best of my knowledge.
I understand the purpose of Upward Bound at University of Central Arkansas is to prepare participants to successfully complete a program of postsecondary education. As part of my personal effort in this preparation, I commit to Upward Bound and will participate in all academic year and summer components of the program. I understand that attendance is an integral part of participating. Therefore, I agree, if accepted into the program, to attend and actively participate in all classes, meetings, and activities sponsored by Upward Bound. I will comply with all rules and regulations of the TRIO Upward Bound Program, and I am aware that failure to comply could result in dismissal from the program. I understand and willingly commit to meeting these expectations.

APPLICANT'S SIGNATURE _____ *Date* _____

PARENT'S SIGNATURE _____ *Date* _____

Family Information

Please check all of the statements that apply:

My parents are:

____Married
____Separated
____Divorced
____Father Remarried
____Mother Remarried
____Single Parent
____Mother Deceased
____Father Deceased

I live with:

____Both Parents
____Father Only
____Father and Stepparent
____Mother Only
____Mother and Stepparent
____Other Relatives or Guardians

If you do not live with a parent(s), with whom do you live? _____

What is their relationship to you? _____

Please list the names of those who live in your home, including yourself, and their relationship to you.

Name	Relationship	Age(s) of Brothers & Sisters

Parent/Guardian Form
Income Eligibility Information

Did you file a 2024 Federal Income Tax Return? Yes_____ No_____

** **If you did file**, please submit a **signed** copy of your 2024 Federal Income Tax Form (pages 1 & 2) with your student's application **AND/OR** answer the following questions. **

How did you file your tax return?
Single_____ Married filing jointly_____ Married filing single_____ Head of household_____ Qualifying widow_____

What was your TAXABLE INCOME (This is NOT gross income and will be stated on the 1040 or 1040A form.)? $_____

What is your family size (number of people living in your household)? _____

** **If you did NOT file**, please write in the space provided why a tax return was not filed. **

_____

_____

** **If return is unavailable**, please provide a statement about your family income including taxable income and family size. **

_____

_____

S*IGN**: _____**DATE:**_____

Does your family receive:
Aid to Families with Dependent Children (AFDC)? Yes_____ No_____ Medicaid Benefits? Yes_____ No_____
Supplemental Nutrition Assistance Program (SNAP)? Yes_____ No_____ Disability Benefits? Yes_____ No_____
Aid from HUD? Yes_____ No_____ Is your child eligible for free or reduced lunches? Yes_____ No_____

PARENT/GUARDIAN FORM
First Generation Eligibility Verification

Father's Name: _____
Mailing Address: _____
Occupation: _____ Place of Employment: _____ Work Phone: _____
Home Phone or Message Number: _____Cell Phone: _____ E-mail:_____

Please circle the highest grade completed: 8 9 10 11 High School Graduate
Indicate the highest level of post-secondary education completed:
___ Attended or currently enrolled in college for _____ years.
___ Associate Degree
___ Bachelor's Degree. Name of college/university & location: _____
___ Master's Degree or Higher
___ Technical School
___ Other _____

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Mother's Name: _____
Mailing Address: _____
Occupation: _____ Place of Employment: _____ Work Phone: _____
Home Phone or Message Number: _____Cell Phone: _____ E-mail:_____

Please circle the highest grade completed: 8 9 10 11 High School Graduate
Indicate the highest level of post-secondary education completed:
___ Attended or currently enrolled in college for _____ years.
___ Associate Degree
___ Bachelor's Degree. Name of college/university & location: _____
___ Master's Degree or Higher
___ Technical School
___ Other _____

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Guardian/Stepparent's Name: _____
Mailing Address: _____
Occupation: _____ Place of Employment: _____ Work Phone: _____
Home Phone or Message Number: _____Cell Phone: _____ E-mail:_____

Please circle the highest grade completed: 8 9 10 11 High School Graduate
Indicate the highest level of post-secondary education completed:
___ Attended or currently enrolled in college for _____ years.
___ Associate Degree
___ Bachelor's Degree. Name of college/university & location: _____
___ Master's Degree or Higher
___ Technical School
___ Other _____

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Guardian/Stepparent's Name: _____
Mailing Address: _____
Occupation: _____ Place of Employment: _____ Work Phone: _____
Home Phone or Message Number: _____Cell Phone: _____ E-mail:_____

Please circle the highest grade completed: 8 9 10 11 High School Graduate
Indicate the highest level of post-secondary education completed:
___ Attended or currently enrolled in college for _____ years.
___ Associate Degree
___ Bachelor's Degree. Name of college/university & location: _____
___ Master's Degree or Higher
___ Technical School
___ Other _____

I understand the purpose of Upward Bound at University of Central Arkansas is to prepare participants to successfully complete a program of post-secondary education and would like to have my student participate, if eligible. All the information I have submitted is true and correct and necessary for determining eligibility. I understand that a false statement or misrepresentation will result in the applicant's ineligibility for the program.

Parent/Guardian Signature_____ **Date**_____

Autobiographical Essay
(Confidential)

Please introduce yourself and include information you would like to share with the UB staff about your family, relatives, friends, or other significant individuals that have had an impact on your life and any interesting incidences in your life. Also, list your hobbies, talents, likes, and dislikes. Include your plans for the future (college, career, personal plans, goals, etc.). Explain why you want to become a part of Upward Bound at University of Central Arkansas and what you hope to receive from participation, if selected.

Upward Bound at University of Central Arkansas

PRIVACY ACT AND CONFIDENTIALITY STATEMENT FOR STUDENT APPLICATION

The Privacy Act protects the information you have shared with the Upward Bound staff. No one may see the information unless they work with or for the Upward Bound program or are specifically authorized to see the information. Great care is taken to ensure that the personal information collected on Upward Bound students and their parent(s)/guardian(s) is kept confidential. The information is necessary to determine eligibility for the program and helps the United States Department of Education to measure your student's success and the effectiveness of Upward Bound at University of Central Arkansas (20USC1231a). If you do not provide the required information in the Student Application to the Upward Bound office and the U.S Department of Education, your student automatically becomes ineligible to participate in or receive any benefits from this program.

INFORMATION AUTHORIZATION RELEASE

I give Upward Bound at University of Central Arkansas the permission to receive copies of my high school educational records such as transcripts, progress reports and 9-weeks grades, end-of-course scores, standardized testing results (such as required by the state), and any other materials necessary for participation in the program. Additionally, permission is granted to request academic and financial aid information from any and all available sources (such as National Clearinghouse) and/or postsecondary institutions attended in order to track college enrollment, academic progress, and use in reporting data to the US Department of Education when requested.

You have my consent to release grades, test scores, and any other academic records to Upward Bound at University of Central Arkansas for a minimum of six years after my graduation from high school.

Student Signature _____ Date: _____

Parent(s)/Guardian(s) Signatures _____Date: _____

_____Date: _____

Recommendation from School Personnel

Please provide the name and email address of three school personnel of your choice (teacher, counselor, principal, coach, club sponsor, etc.) who could provide you a recommendation to the program:

1. Name_____Email_____
2. Name_____Email_____
3. Name_____Email_____

If you do not know their contact information, you may use the following slips of paper as a request to give your recommender of choice:

My name is _____, and I have applied to join Upward Bound at University of Central Arkansas. I would like to request a recommendation from you for my participation. Please visit the following link to complete the form:

https://forms.gle/tvBHJpNYz6Km6vzV8

Thank you so much for taking the time to help me take this step in achieving my academic goals!

My name is _____, and I have applied to join Upward Bound at University of Central Arkansas. I would like to request a recommendation from you for my participation. Please visit the following link to complete the form:

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