

# JAMES SPRUNT COMMUNITY COLLEGE TRIO UPWARD BOUND PROGRAM

#### **PARTICIPANT APPLICATION**

PLEASE PRINT IN INK OR TYPE

Name:		Eiret		Middle	Gende	r: M	F
Street & Mailing							
Birthday:/_		_ Birthplac	e (City, S	tate)			
Ethnic Group (C	ircle all t	hat apply):					
African American	White	Hispanic	Asian	Native American	Other		
Are You a U.S. C	Citizen? \	/es No_	Social	Security#			
Student High Sc							
Are you a memb	er of Tal	ent Search?	Yes	No			
What is your par	rents' ma	rital status?	Married	d Divorced	Widowed	Singl	е
Father's Name_				Phone #			
Mother's Name_				Phone #			
Which parent is	your prin	nary residen	ce? Moth	er Father Botl	n Other		
Do you have a c	ourt appo	ointed guard	ian? Ye	es No			
Do you live with	foster pa	rents?	Ye	es No			



### STUDENT STATEMENT

(Must Be Completed by Student)

1)	Do you plan to attend college immediately after high school?
	Yes No
2)	What colleges/universities would you like to attend?
	a
	b
	C
3)	What are your career goals?
4)	What are your best school subject(s)?
	What school subjects do you need help with?
6)	What extra-curricular activities are you involved in?
7)	Why would you like to be a member of Upward Bound?



#### **ELIGIBILITY INFORMATION**

#### **INCOME:**

Upward Bound is a Federal TRIO Program sponsored by the U.S. Department of Education. In order to meet the federal eligibility requirements, parent/guardian income information (ex. most recent Federal 1040 Forms) with the student listed as a dependent must be shared with the project. Applicants must provide signed copy of income verification with completed application to be considered for Upward Bound. All information shared will be kept safe and confidential inside the Upward Bound offices at James Sprunt Community College.

confidential inside the Upward Bound offices at James Sprunt Community College.						
FIRST GENERATION:						
Does Either Parent or Guar	rdian Possess a Bachelors (4 year College) Degree?					
Yes No						
PRIVACY A	ACT AND CONFIDENTIALITY STATEMENT					
United States Department of Educational Rights and Privacy work with or for the Upward Bo information. The information is	ive to the Upward Bound staff is compiled and reported to the lucation. The information is protected by the Family Act of 1974. No one may see the information unless they und Project or are specifically authorized to see the necessary to help determine if you are eligible to participate it is to assist students in obtaining a post-secondary					
confidential. Any student who	re that the personal information collected on students is kept wishes to be considered for membership in the James Sprunt und Project and receive its benefits, must agree to submit all ed by Project personnel.					
to participate fully in the acaderallow my photo to be used for U to comply with any rules and re	ourpose of the Upward Bound Program. If accepted, I agree mic year and summer component of the program. I agree to pward Bound promotion material and website. I further agree gulations established by the Director and staff of the Upward standing that failure to comply could result in dismissal.					
I certify that the information proknowledge.	ovided in this application is correct to the best of my					
Date	Student Signature					
Date	Parent Signature					



## ACADEMIC RECORDS RELEASE (TO BE COMPLETED BY PARENT OR GUARDIAN)

Date:	
at James Sprunt Community College in Kenstudent's school/college record is needed of	is an applicant for the Upward Bound Program ansville, North Carolina. An evaluation of the on a yearly basis. Information from the transcript federal reports required of the Upward Bound
In accordance with the Family Education Rig Education Amendment, parents must autho	ghts and Privacy Act of 1974, Section 513 of the rize release of transcript. Therefore,
I HEREBY REQUEST THAT HIS/HER OFFICIA TEST MATERIALS BE SENT EACH YEAR TO	AL SCHOOL/COLLEGE TRANSCRIPT AND ALL
James Sprunt P.O	Bound Program Community College . Box 398 ille, NC 28349
Print Student's Name as it appears on Permanent Record	Student Signature
Student Social Security #	Parent/Guardian Signature