



**TRiO-Upward Bound Program**  
**Case Western Reserve University**  
**10900 Euclid Avenue**  
**Cleveland, Ohio 44106-7045**  
**Telephone: (216) 368-3750 Fax: (216) 368-1267**

**APPLICATION FOR ADMISSION**

**STUDENT INFORMATION:** (Please Print) Date: \_\_\_\_\_

(To be completed by student)

NAME \_\_\_\_\_

Last First MI

Social Security Number \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_  
 Number and Street Apartment Number

City State Zip Code

Telephone Number: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

**Students e-mail address:** \_\_\_\_\_

Ethnic Origin: \_\_African- American \_\_Asian American \_\_Caucasian  
 \_\_Hispanic/Latin American \_\_Native American\_\_ Other

Are you:  
 \_\_ a U.S. Citizen  
 \_\_ an eligible non citizen (please provide copy of immigration document)  
 \_\_ Other

What is the primary language(s) spoken in your home? \_\_English \_\_Spanish/English \_\_Other \_\_\_\_\_

Current High School \_\_\_\_\_ Current Grade (circle) **9 10 11** GPA: \_\_\_\_\_

What do you plan to do after you graduate from High School? (**Check all that apply**)  
 \_\_Attend a four-year college \_\_Attend a Community College (2 year degree)  
 \_\_Enroll in a technical college program \_\_Enlist in the military  
 \_\_Get a job \_\_Attend a trade school  
 \_\_Other (please specify) \_\_\_\_\_

**Have you taken the Ohio Graduation Test?** \_\_\_\_ Yes \_\_\_\_ No  
**OGT TESTS: MATH** \_\_ Pass \_\_ Fail **WRITING** \_\_ Pass \_\_ Fail **SCIENCE** \_\_ Pass \_\_ Fail  
**READING** \_\_ Pass \_\_ Fail **SOCIAL STUDIES** \_\_ Pass \_\_ Fail

Why do you want to participate in Upward Bound? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**PARENT INFORMATION:** To be completed by your parent(s) guardian(s).

Father/Male Guardian

Mother/Female Guardian

\_\_\_\_\_  
Last First MI

\_\_\_\_\_  
Last First MI

**Highest educational level completed (Please Check)**

**Highest educational level completed (Please Check)**

High School (9-12)

High School (9-12)

Associates Degree

Associates Degree

Bachelors Degree or beyond

Bachelors Degree or beyond

**Marital Status:**  Married  Divorced  Separated  Single  Widowed  Other

**Student primarily lives with** \_\_\_\_\_

Parent/Guardian Name

**Please complete all blanks.** This should be completed by the parent/guardian with whom the student lives with, or by the parent/guardian providing at least 50% of student's financial support.

**Parent(s) Occupation:** Father \_\_\_\_\_ Mother: \_\_\_\_\_

Father's work number \_\_\_\_\_ Mother's work number \_\_\_\_\_

Parent(s) **taxable** income (see **line 43** of 2008 Form 1040), (**line 28** of 2008 1040A) or (**line 7** of 2008 1040EZ):

\$\_\_\_\_\_. If income was \$0, please explain. \_\_\_\_\_

Number of people in household: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

**ADDITIONAL INFORMATION:** (To be completed **only** if it applies to your current situation.)

If you are under 18, are you a ward of the State of Ohio (foster care placement)  Yes  No

Have you aged out of the foster care system?  Yes  No

Presently, where are you living (**Check one**)  Shelter  with more than one family in a house or apartment  
 in a motel, car, or campsite  with friends or family members (other than parent or guardian)

**CERTIFICATION OF INFORMATION AND RELEASE STATEMENT**

I herby certify that the information in this application is correct and true to the best of my knowledge and herby authorize the Upward Bound Program at Case Western Reserve University to release and receive information to assist my son/daughter with his/her educational planning. I understand that **any false or misleading information may result in disqualification of the applicant.**

\_\_\_\_\_  
Parent/Guardian's Name (Print) Signature Date

Address (If Different from child's address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

\_\_\_\_\_  
Emergency Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Relationship

**Parent(s)/Guardian: e-mail address:** \_\_\_\_\_

**Office Use Only: Income/ Eligibility & Admission Documentation:**

**Income/ Eligibility**  FGC/LI  LI only  FGC only  High risk for academic failure

**Admission Status:**  Admit  Deny

**Date Admitted:** \_\_\_\_\_ **Director Signature:** \_\_\_\_\_ **Blumen Entry Date** \_\_\_\_\_

*The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and the Ohio Public Records Act in Ohio Revised Code 149.93, House Bill 104 are respectively federal and state laws providing for the review and disclosure of student educational records. The University and Outreach Program-TRIO-Upward Bound will not permit access to or the release of personally identifiable information contained in student educational records to any party without the consent of the student, except as authorized by FERPA*