



FOR OFFICE USE

Ineligible-Letter Mailed _____ Date _____ Staff Initials

Parent Contacted _____ Date _____ Staff Initials

Application Mailed _____ Date _____ Staff Initials

Application Rec'd _____ Date _____ Staff Initials

Acceptance Ltr Mailed _____ Date _____ Staff Initials

Howard University Upward Bound Program Preliminary Application

Information provided on this preliminary application will be used to identify qualified applicants. Qualified applicants will be asked to complete and submit a program application. The Federal Privacy Act protects the information that you give on this form. This information is required by the U.S. Department of Education to determine eligibility. Additionally, the Department has the authority to gather information on all Upward Bound participants to monitor their progress. No one may see any information unless they work with or for the Program or are specifically authorized to see the information.

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| <p>NAME _____ <i>last first middle</i></p> <p>Address _____ <i>number & street apt.</i></p> <p>_____ <i>city/state zip code</i></p> <p>Home Phone () _____</p> <p>Email _____</p> <div style="border: 2px solid black; padding: 5px; width: fit-content; margin-bottom: 5px;">Citizenship Status</div> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Non-U.S. Citizen <input type="checkbox"/> Permanent Resident Alien</p> <p>School _____</p> <p>Grade _____ Date of Birth _____</p> <p>Counselor _____ Phone # _____</p> <p>GPA _____ Career Interest _____</p> | <div style="border: 2px solid black; padding: 5px; text-align: center; margin-bottom: 10px;">Parent/Guardian Name(s)</div> <hr/> <p>Mother/Female Guardian</p> <p>Work Phone () _____</p> <p>E-mail address _____</p> <hr/> <p>Father/Male Guardian</p> <p>Work Phone () _____</p> <p>E-mail address _____</p> <div style="border: 2px solid black; padding: 5px; text-align: center; margin-top: 10px;">Total Family Income</div> <p>\$ _____</p> <p>Number of persons living in household _____</p> <p>Has either of your parents graduated from college? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Student's Signature (certifies that this information is true and accurate) _____ Date _____</p> | |

Thank you for your interest in the Howard University TRiO Programs
 MSC 590017, Washington, DC 20059
 For more information call (202) 806-5132