

## II. Parent Information

Please Print

1. Father or Male Guardian

Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
Number Street City Zip

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

Employer: \_\_\_\_\_  
Work

Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

E-Mail Address: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Did you attend College?  
(Check one) Yes \_\_\_ No \_\_\_

If yes, number of years: \_\_\_\_\_

Degree(s) Received: \_\_\_\_\_

Mother or Female Guardian

Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
Number Street City Zip

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

Employer: \_\_\_\_\_  
Work

Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

E-Mail Address: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Did you attend College?  
(Check one) Yes \_\_\_ No \_\_\_

If yes, number of years: \_\_\_\_\_

Degree(s) Received: \_\_\_\_\_

2. Student applicant lives with (Check All That Apply):

\_\_\_ Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother  
\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
(Name) (Name)

3. Total Number of Persons in Household: (Include applicant, parents/guardian, children and any students currently attending college) \_\_\_\_\_

4. Number of Children and Names and Ages:

Number: \_\_\_\_\_ Names and Ages: \_\_\_\_\_  
\_\_\_\_\_

5. Is Family Receiving? – (Check all that apply)

Social Security \_\_\_ Yes \_\_\_ No Free/Reduced Lunch Program \_\_\_ Yes \_\_\_ No  
AFDC/Public Assistance \_\_\_ Yes \_\_\_ No Supplemental Income (SSI) \_\_\_ Yes \_\_\_ No  
Other \_\_\_\_\_  
(Name)

6. Would Parent/Guardian be active in the Upward Bound Parents' Association? \_\_\_ Yes \_\_\_ No

7. Would Parent/Guardian support the student applicant in achieving the goals of the program? \_\_\_ Yes \_\_\_ No

8. What is your estimated family annual income? \_\_\_\_\_

**PLEASE SUPPLY THE FOLLOWING DOCUMENTED EVIDENCE OF INCOME WITH APPLICATION.**

- **1040/1040A/1040EZ Tax Form from previous year**
- **AFDC or Social Security Statement**
- **Free/Reduced Lunch Program eligibility verification**

AUTHORIZATION – I hereby grant permission for my son/daughter \_\_\_\_\_, if  
(Please print name of student)

accepted, to participate in the University of Texas at Arlington Upward Bound Program. I also give my consent to \_\_\_\_\_ (Junior High/High) School to make available to staff any and all information  
(Name of junior high/high school student attending)

pertaining to my child's education progress in school. As a parent, I will fully support the goals of the program and help my son/daughter to support and attain these goals. I understand that all information contained in this application is for use only by the University of Texas at Arlington Upward Bound Program and will be kept confidential. I also give the school my authorization to release this information to the program staff.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date