

PART III UPWARD BOUND PARENT APPLICATION

(To be completed by Parent/Guardian)

Student/Applicant's Legal Name:	Parent/Legal Guardian Name:
Student lives with: <input type="checkbox"/> Two Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent/s <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Relatives or other (Please Specify):	<input type="checkbox"/> Student is a ward of the State or foster child <input type="checkbox"/> Student is legally independent
Mother's Name:	Father's Name:
Mother's Address:	Father's Address:
Mother's Home Phone Number:	Father's Home Phone Number:
Mother's Cell Phone Number:	Father's Cell Phone Number:
Mother's Employer:	Father's Employer:
Mother's Occupation:	Father's Occupation:
Mother's Work Number:	Father's Work Number:
Has Mother received a 4-year degree from a college or university? _____ Yes _____ No	Has Father received a 4-year degree from a college or university? _____ Yes _____ No
Does the student: Live with her more than 50% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No Receive financial support from her? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student: Live with him more than 50% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No Receive financial support from him? <input type="checkbox"/> Yes <input type="checkbox"/> No
INCOME VERIFICATION	
Please note this section must be completed in order for your application to be considered	
Please provide income information for current filing year taxes by checking and completing ONE of the following:	
<input type="checkbox"/> 1. Current filing year tax statement. I have attached a signed copy of either IRS 1040, 1040A or 1040 EZ. <input type="checkbox"/> 2. My TAXABLE Family income for current filing year from all sources, was \$ _____ <input type="checkbox"/> 3. I did not file taxes during the current filing year, but I received Public Assistance & have attached verification of my family income (copy of benefits letter) from: <input type="checkbox"/> DSHS <input type="checkbox"/> Social Security <input type="checkbox"/> Other _____	
Size of Household:	

RELEASE / CONSENT & NOTIFICATIONS

I give my permission for my student _____, to apply for admissions to the UPWARD BOUND Program and for program personnel to request and receive any educational records, transcripts, and test results necessary to determine eligibility, to provide effective services and to track educational outcomes for the above named applicant until such time as s/he graduates from high school.

I give permission to the WSU Upward Bound project to use photographic/video images of the student named above in project newsletters, websites, and promotional materials.

Parent / Legal Guardian or independent student signature Date

WSU Upward Bound (the program) is a federal assistance program funded by the US Department of Education. We are required to determine the eligibility of all participants and to maintain student records. Under rules established by the Family Educational Rights and Privacy Act (FERPA), you are hereby notified that the program's student records and the information contained therein are kept confidential and that you (and your parents if you are younger than 18) have the right to inspect the contents of your record.