



**CLAFLIN UNIVERSITY  
UPWARD BOUND  
2018 APPLICATION**



**DIRECTIONS:**

This application should be completed neatly in ink and returned to your High School Guidance Counselor, or deliver to the Upward Bound office at 887 Goff Ave., Claflin University, Orangeburg, South Carolina, or mail to Upward Bound Program, Claflin University, 400 Magnolia Street, Orangeburg, S.C. 29115.

**DEADLINE: MARCH 30, 2018**

**PART I**

<b>Date:</b> _____		<b>Name:</b> _____	
<b>Social Security #:</b> _____		<b>School ID #:</b> _____	
<b>Email Address:</b> _____			
<b>Mailing Address:</b> Street and Apt. No. _____			
<b>City</b> _____		<b>State</b> _____	<b>Zip</b> _____
<b>Cell/Home Phone Number:</b> _____		<b>Alternative Phone Number:</b> _____	
<b>Date of Birth:</b> _____		<b>Gender:</b> Male _____ Female _____	
		<b>Age:</b> _____	<b>T-Shirt Size</b> _____
<b>Ethnic Background:</b> _____ Hispanic/Latino      _____ African American or Black _____ American Indian/Alaskan Native      _____ White _____ Asian      _____ Native Hawaiian or other Pacific Islander _____ Other _____			<b>U.S. Citizen:</b> ___ YES    ___ NO
<b>High School/School Currently Attending:</b> _____		<b>Current Grade Level:</b> _____	<b>GPA:</b> _____
<b>Principal's Name: (Dr., Mr., Mrs., Miss)</b> _____		<b>Counselor's Name: (Dr., Mr., Mrs., Miss)</b> _____	
<b>My grades are usually (check one)</b> A's _____ B's _____ C's _____ D's _____ F's _____ In the 90's _____    In the 80's _____    In the 70's _____    Below 70 _____			
<b>Are you a participant in a summer program or educational program during the school year?</b> ___ Yes    ___ No <b>If yes, name the program:</b> _____			

<b>FOR OFFICE USE ONLY</b>	
Low Income	_____ YES _____ NO
1ST GEN. COL.	_____ YES _____ NO
At risk for academic failure	_____ YES _____ NO
High risk for academic failure	_____ YES _____ NO
FAMILY INCOME _____	NO. IN FAMILY _____
TAXABLE _____	NON-TAX _____

<b>FOR OFFICE USE ONLY</b>	
DATE RECEIVED	_____
ACCEPTED	_____ YES _____ NO
REJECTED	_____ YES _____ NO
WAIT LIST	_____ YES _____ NO

**PART II – FAMILY BACKGROUND**

The following sections (PARTS II, III and IV) must be completed and signed by the applicant’s parent or guardian. The information is required by the U.S. Department of Education, which provides funding for the Upward Bound Program. It will be used solely for the determination of the applicant’s eligibility for acceptance into the Program. It will be kept in the strictest confidence.

**Do you live with both parents? (If No, only give information on the parent you live with.)**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Are either of your parents a college graduate from a four year institution? Yes \_\_\_\_\_ No \_\_\_\_\_**

If “Yes,” name the college \_\_\_\_\_  
**Father or Male Guardian**

\_\_\_\_\_ **Mother or Female Guardian**

**If “No,” sign the following statements:**

I, \_\_\_\_\_, am not a 4-year college graduate.  
(Please Print) **Father or Male Guardian**

\_\_\_\_\_ **Signature of Father or Male Guardian**

I, \_\_\_\_\_, am not a 4 year college graduate.  
(Please Print) **Mother or Female Guardian**

\_\_\_\_\_ **Signature of Mother or Female Guardian**

**Give the names of your sisters or brothers below 18 years of age who live in the home in which you live:**

**Give the names of your sisters or brothers in college:**

**When you graduate from high school where do you want to go?**

College \_\_\_\_\_ Vocational School \_\_\_\_\_ Technical College \_\_\_\_\_ Other \_\_\_\_\_

**Claflin University does not discriminate on the basis of Race, Color, Religion, Sex, Handicap/Disability, National Origin or Veteran Status**

**PART III – FAMILY INCOME**

Is your Father (Male Guardian) employed?                      YES _____ NO _____	
Is your Mother (Female Guardian) employed?                      YES _____ NO _____	
<b>If you checked “yes,” for either or both, give the following information:</b>	
First and Last Name of Father or Male Guardian:	First and Last Name of Mother or Female Guardian:
Social Security Number:	Social Security Number:
Name of Employer:	Name of Employer:
Employer’s Address:	Employer’s Address:
Salary (monthly):	Salary (monthly):

**Verification of Income**

If you have answered **YES** to the above, please submit one of the following three items with your application.

- |  |
|--|
| a. A signed United States income tax return: 1040, 1040A, or 1040 EZ attached.             |
| b. A signed statement from the student’s parent or legal guardian regarding family income. |
| c. A signed statement of other untaxed income.   |

If you answered “**NO**,” what sources of income do your parents or guardians have? Mark only those that pertain to your family **and attach documentation (computer printout, letter or statement from a governmental source, etc. ):**

_____	Welfare.....	Amount \$ _____	monthly
_____	Social Security.....	Amount \$ _____	monthly
_____	Veterans’ Benefits... ..	Amount \$ _____	monthly
_____	Other (name).....	Amount \$ _____	monthly

Do you receive a Social Security check in your name?    Yes _____ No _____	
If you answered “yes,” give the amount :                      \$ _____ monthly	
How many persons live on your family income?	
Is applicant eligible for the school lunch program?    ___Not Eligible    ___Free    ___Reduced	

**PART IV – AUTHORIZATION FOR RELEASE**

**STUDENT AUTHORIZATION FOR RELEASE OF RECORDS  
and  
PHOTOGRAPHIC/AUDIO RELEASE**

I hereby grant permission for the Upward Bound Program at Claflin University to receive any pertinent records from my high school and/or College that may be useful for the purpose of evaluation, guidance and educational follow-up. These records may include: Grade point averages (GPA), Transcripts, Standardized Test Scores, Teacher and/or Counselor evaluations. I further authorize the Upward Bound staff to make copies of any or all of these records with the understanding that all records will remain confidential. If I am accepted into the program, I agree that all photographs taken during the program, papers written during the program, and similar items may be used by the Upward Bound Program in reports, other public information materials and venues including the Program's newsletter and the official Claflin University Upward Bound Web site.

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**Student Signature**

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**Date**

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**Parent Signature**

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**Date**

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**Claflin University  
Upward Bound Program  
400 Magnolia Street  
Orangeburg, SC 29115**

**Phone: 803-535-5058**

**Fax: 803-534-8323**

**The UB office is located at  
887 Goff Ave.  
Orangeburg, SC 29115**

**Web address:**

**<http://www.claflin.edu/student-life/services-support/trio-programs/upward-bound>**