



Baltimore City Community College
Upward Bound Math/Science Program

STUDENT APPLICATION

This application must be completed by parent(s)/guardian(s) and student. (Print clearly)

Last Name	First Name	MI	Social Security Number	Grade
Address		City		State
Home #	Date of Birth	Age	Gender	CITIZENSHIP: Are you a U.S. Citizen? () Yes () No
Cell #	/ /		M / F	If NO - Are you a Permanent Resident? () Yes () No
Student E-mail:		Guardian E-mail:		
ETHNIC BACKGROUND: () African American or Black () Hispanic () White () American Indian () Asian/Pacific Islander () Other _____				
GUARDIAN INFORMATION: Student lives with: () Mother & Father () Mother () Father () Guardian(s)				
MOTHER/FEMALE GUARDIAN: Income and Occupation		FATHER/ MALE GUARDIAN: Income and Occupation		
Name _____		Name _____		
Title/Occupation: _____		Title/Occupation: _____		
Telephone #: _____		Telephone #: _____		
Annual Gross Income: \$ _____		Annual Gross Income: \$ _____		
Total number of persons living at home dependent on the income listed above: <i>(including parents)</i>		Annual Total Family Gross Income: \$ _____		
FIRST GENERATION STATUS Parent(s) Guardian(s) Education MOTHER/FEMALE GUARDIAN: Graduated High School Yes () No () Earned Bachelor's Degree <i>(earned a 4-year degree)</i> Yes () No ()		FIRST GENERATION STATUS Parent(s) Guardian(s) Education FATHER/ MALE GUARDIAN: Graduated High School Yes () No () Earned Bachelor's Degree <i>(earned a 4-year degree)</i> Yes () No ()		
EMERGENCY NOTIFICATION INFORMATION Emergency Contact #1 (Other than Guardian(s)) Name: _____ Relationship: _____ Address: _____ City: _____ State, Zip: _____ Telephone: _____		EMERGENCY NOTIFICATION INFORMATION Emergency Contact #2 (Other than Guardian(s)) Name: _____ Relationship: _____ Address: _____ City: _____ State, Zip: _____ Telephone: _____		
MEDICAL DISABILITIES OR SPECIAL CARE REQUIRED INFORMATION Does your child have any disabilities or medical conditions that may require medical treatment or medicine? Yes () No ()				

STUDENT APPLICATION continued

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SCHOOL INFORMATION

Name of High School		Counselor's Name			
School Address		City		State	Zip Code
School Telephone Number	G.P.A.	PSAT Score	ACT Score	SAT Verbal Score	SAT Math Score

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

- Teacher's Evaluation and Counselor's Recommendation**
- Personal Goals Statement**
Describing your educational and life goals, and explain how participating in the BCCC Upward Bound Math/Science Program will help you achieve these goals (2 to 3 paragraphs)
- Current Report Card and Transcript**
- Birth Certificate and Social Security Card**
- Copy of parent's most current Federal Income Tax Form (1040 tax form) or a copy of Grant or Benefits Letter**
- YOU MUST have this statement Notarized**

PARENT(S) GUARDIAN(S) PLEASE READ BELOW AND SIGN BELOW:

In applying for a federally funded program, you should know that anyone making false statement or misrepresentation in establishing eligibility is subject to a fine or imprisonment or both under provisions of the U.S. criminal code.

- I certify the information provided is correct to the best of my knowledge.
- I will participate in all Upward Bound activities requiring my presence and promise to attend at least six parent meetings during the year.
- I give consent for my child to use public or private transportation for off-campus activities.
- I authorize my child's high school to release grade reports, transcripts, and any other pertinent material now and throughout the duration of high school to the **BCCC Upward Bound Math/Science Program**.

Parent/Guardian (print name)

Parent/Guardian Signature

Date

Notary: Affix seal here.

Notary (print name)

Notary Signature

Date

