



# Harvey Mudd College Upward Bound Program 2012 STUDENT APPLICATION

Deadline: \_\_\_\_\_

**You must fully complete this page in order for your application to be considered.**

Name \_\_\_\_\_ Sex:  Male  Female  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_ / \_\_ / \_\_\_\_  
Student ID# \_\_\_\_\_ High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Your Social Security Number: |\_\_|\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

**Citizenship/Residency Status:** (please check one and complete corresponding information)

- U.S. Citizen → → → → → → Place of Birth \_\_\_\_\_
- Permanent Resident → → → → Alien Registration Card # \_\_\_\_\_
- Application in Progress → → → → INS Case # \_\_\_\_\_ Case Type \_\_\_\_\_

(You can find this information on the INS Form I-797: "Notice of Action")

### Please Tell Us About Your Father/Stepfather

Name \_\_\_\_\_ Age \_\_\_\_

Occupation \_\_\_\_\_ Presently Employed?  Yes  No

Level of Education: High School Graduate?  Yes  No

If he graduated from high school, has he obtained a college degree in the U.S.?  Yes  No

If yes, what degree has he earned?  Associate's Degree (AA)  Bachelor's Degree (BA or BS)  
 Master's Degree (MA)  Other \_\_\_\_\_

### Please Tell Us About Your Mother/Stepmother

Name \_\_\_\_\_ Age \_\_\_\_

Occupation \_\_\_\_\_ Presently Employed?  Yes  No

Level of Education: High School Graduate?  Yes  No

If she graduated from high school, has she obtained a college degree in the U.S.?  Yes  No

If yes, what degree has she earned?  Associate's Degree (AA)  Bachelor's Degree (BA or BS)  
 Master's Degree (MA)  Other \_\_\_\_\_

**Please Tell Us About Everyone Who Lives In Your Home:** List the name & age of everyone living in your home and include their relation to you (brother, mother, cousin, ect.):

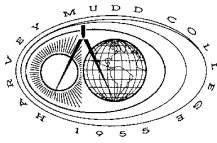
Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_

(If you need to list more family members than this space allows, please do so on a separate sheet of paper.)







# HARVEY MUDD COLLEGE UPWARD BOUND PROGRAM

## FINANCIAL INFORMATION

To be completed by Parent(s)

**Questions? Call us toll free at 1-888-UPWARD-9 or (888-879-2739)**  
**Complete either Section I or Section II**

<p><b>I.</b></p> <p><b>Please Complete This Section ONLY if:</b></p> <p><i>Your Family Files Annual IRS 1040 Forms</i></p> 	<p><b>Financial Information Based on 2011 IRS Tax Form 1040, 1040A, or 1040EZ</b></p> <p>1. 2011 Adjusted Gross Income (line 37 of 1040; line 21 of 1040A; line 4 of 1040EZ) \$ _____</p> <p>2. Standard Deductions (line 40 of 1040; line 24 of 1040A) \$ _____</p> <p>3. Total Exemptions (line 42 of 1040; line 26 of 1040A) \$ _____</p> <p>4. <b>TAXABLE INCOME</b> (line 43 of 1040; line 27 of 1040A; line 6 of 1040EZ) \$ _____</p> <p>A complete copy of your 2011 IRS tax form and <u>all attachments</u>, must accompany this application.</p> <p><b>*Note: Upward Bound uses TAXABLE INCOME to determine financial eligibility.</b></p>
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<p><b>II.</b></p> <p><b>Please Complete This Section ONLY if:</b></p> <p><i>Your Family DOES NOT File Annual IRS 1040 Forms</i></p> 	<p>1. <b>INCOME FROM WORK:</b> If the applicant's family <b>did not</b> file a 2011 IRS tax Form, then indicate what the parent's annual income. \$ _____ for 2011</p> <p>2. <b>OTHER INCOME:</b> If the applicant's family receives other forms of income or assistance, please provide the <i>monthly amount</i> of each type of aid.</p> <p style="padding-left: 40px;">a. Social Security \$ _____ per month</p> <p style="padding-left: 40px;">b. Welfare (CALWORKS, Disability) \$ _____ per month</p> <p style="padding-left: 40px;">c. Unemployment Benefits \$ _____ per month</p> <p style="padding-left: 40px;">d. Other (Please Specify) _____ \$ _____ per month</p> <p>3. <b>TOTAL MONTHLY INCOME:</b> (Add 2a-2d) \$ _____ per month</p> <p><b>PLEASE SUBMIT APPROPRIATE DOCUMENTATION.</b></p> <p>(Such as : receipts, affidavits, payment stubs, or other documentation which verify receipt of other income aid. Families who are on assistance should submit a copy of verification affidavit.</p>
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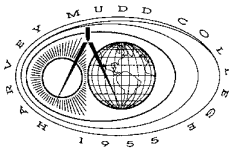
**ALL MUST SIGN:** I certify that the above information is true to the best of my knowledge.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date




# HARVEY MUDD COLLEGE UPWARD BOUND PROGRAM


## INFORMACIÓN FINANCIERA

Debe ser llenado por los Padres

**Preguntas? Llámenos gratis al 1-888-UPWARD-9 o (888-879-2739)**

### Complete Sección I o Sección II

<p><b>I.</b></p> <p><b>Favor de Llenar Esta Sección Si:</b></p> <p><i>Su Familia Reporta las formas de Impuestos 1040</i></p> 	<p><b>Información de 2011 basada en la forma de impuestos 1040, 1040A, o 1040EZ</b></p> <p>1. 2011 Ingreso Total Ajustado (línea 37 de 1040; línea 21 de 1040A; línea 4 de 1040EZ) \$ _____</p> <p>2. Deducciones (línea 40 de 1040; línea 24 de 1040A) \$ _____</p> <p>3. Total de Exención (línea 42 de 1040; línea 26 de 1040A) \$ _____</p> <p>4. <b>INGRESO SUJETO A IMPUESTOS</b> (line 43 of 1040; line 27of 1040A; line 6 of 1040EZ) \$ _____</p> <p>Una copia de su Forma de Impuestos 1040 del 2011 y anexos DEBE acompañar esta aplicación.</p> <p><b>*Nota: Upward Bound usa INGRESO SUJETO A IMPUESTOS para determinar si califica financieramente.</b></p>
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<p><b>II.</b></p> <p><b>Favor de Llenar Esta Sección Si:</b></p> <p><i>La Familia NO Reporta las Formas de Impuestos 1040</i></p> 	<p>1. <b>INGRESO DE TRABAJO:</b> Si la familia del estudiante <b>no</b> reporto una Forma de Impuestos para el año 2011, entonces indican el ingreso anual de los padres.</p> <p style="text-align: right;">\$ _____ en el año 2011</p> <p>2. <b>OTRA FORMA DE INGRESOS:</b> Si la familia del estudiante recibe otra forma de ingreso o asistencia, favor de incluir la cantidad <i>mensual</i> de cada tipo de ayuda.</p> <p style="padding-left: 40px;">a. Seguro Social \$ _____ por mes</p> <p style="padding-left: 40px;">b. Ayuda Publica (CALWORKS, Incapacidad) \$ _____ por mes</p> <p style="padding-left: 40px;">c. Beneficios de Desempleo \$ _____ por mes</p> <p style="padding-left: 40px;">d. Otros (especifique) _____ \$ _____ por mes</p> <p>3. <b>TOTAL INGRESO MENSUAL:</b> (Suma 2a-2d) \$ _____ <b>por mes</b></p> <p><b>FAVOR DE INCLUIR COPIAS DE DOCUMENTACION APROPRIADA.</b></p> <p>(Como : recibos, declaraciones, cheques de pago o otra documentación la cual verifique otro ingreso of ayuda. Familias en ayuda pública deben presentar una copia de la declaración.</p>
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**TODOS FIRMAN:** Certifico que la información anterior es verdadera a lo mejor de mi conocimiento.

\_\_\_\_\_  
Padre/Guardián

\_\_\_\_\_  
Fecha