Harvey Mudd College Upward Bound Program

2021 STUDENT APPLICATION

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

Name _____ Sex: ☐Male ☐Female

Address _____ City _____ State _____ Zip _ _ _ _ _

Email: _____ Home Phone (_ _ _) _ _ _ - _ _ _ _ Date of Birth _ _ / _ _/ _ _ _ _

Student ID# _____ High School _____ Graduation Year _ _ _ _

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 _ _ Phone (_ _ _) _ _ _ - _ _ _ _

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 _ _ Phone (_ _ _) _ _ _ - _ _ _ _

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, etc.):

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.)

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Parent Permission/Permiso de Padres

(to be signed by parent or legal guardian/*debe ser firmado por padres o tutor legal*)

I hereby give permission for my daughter/son to apply to the Harvey Mudd College Upward Bound Program. I also give Harvey Mudd College Upward Bound permission to have access to all the school records of my child. *Le doy permiso a mi hijo/a para aplicar al programa de upward Bound de Harvey Mudd College. Tambien le doy permiso al programa para obtener los archivos escolares de mi hijo/a.*

Signature of Parent/*Firma de Padre* _____ Date/*Fecha* __ __ / __ __ / __ __ __ __

☛ **Language Preferred/*Idioma de preferencia*:** ☐English ☐Spanish ☐Other _____

Career Interests: What career(s) are you considering for yourself? (Include all that interest you right now)

_____

Study Skills & Habits: (Please answer thoughtfully and honestly. We need to know how the program can help you.)

Which academic class(es) do you enjoy the most at school?

☐Math ☐English ☐Science ☐Foreign Language ☐Social Studies

Which academic class(es) do you feel you need the most help from Upward Bound?

☐Math ☐English ☐Science ☐Foreign Language ☐Social Studies

How many hours per night do you study for all your academic classes? (please estimate an average of how long it takes you to complete your studies for ALL of your classes combined on a typical night)

_____

During the first semester of this year did you submit ALL (100%) of the homework and assignments required for ALL of your classes? ☐Yes ☐No

Are you participating in any other College Preparatory Programs? (AVID, PCC Upward Bound/Math Science, Bright Prospects, THINK Together, Talent Search or other Upward Bound Programs) ☐Yes (please list) _____ ☐No

In a complete and detailed paragraph: Where do you envision yourself in 5 years and what are you doing now to reach this goal? (attach an extra page if necessary)

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Harvey Mudd College Upward Bound Program

FINANCIAL INFORMATION

To be completed by Parent(s) or Guardian(s)

Questions? Please call us toll free at 1-888-UPWARD-9 or 1-888-879-2739

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Please complete either Section I or Section II

I. **Please Complete This Section ONLY if:** *Your family files annual IRS 1040 form*	**Financial Information based on 2020 IRS Tax Form 1040** 1. 2020 Adjusted Gross Income (line 11 of 1040) $_____ 2. Standard Deductions (line 12 of 1040) $_____ 3. Total Exemptions (line 19 of 1040) $_____ 4. **TAXABLE INCOME** (line 15 of 1040) $_____ ***NOTE: Upward Bound uses TAXABLE INCOME to determine financial eligibility.**

II. **Please Complete This Section ONLY if:** *Your family DOES NOT file annual IRS 1040 form*	1. INCOME FROM WORK: If the applicant's family **did not** file a 2020 IRS tax form, then indicate what the parent/guardian's annual income. $_____ for 2020 2. OTHER INCOME: If the applicant's family receives other forms of income or assistance, please provide the monthly amount of each type of aid. a. Social Security $_____ per month b. Welfare (CALWORKS, Disability) $_____ per month c. Unemployment Benefits $_____ per month d. Other (Please Specify)_____ $_____ per month 3. TOTAL MONTHLY INCOME: (Add 2a-2d) $_____ per month

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 llendo por los Padres

¿Preguntas? LLámenos gratis al 1-888-UPWARD-9 o 1-888-879-2739

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Complete Sección I o Sección II

I. **Favor de llenar esta sección si:** *Su familia report las formas de impuestos 1040*	**Información de 2020 basada en la forma de impuestos 1040** 1. 2020 Ingreso Bruto Ajustado (línea 11 de 1040) $_____ 2. Deducciones (línea 12 de 1040) $_____ 3. Total de Exención (línea 19 de 1040) $_____ 4. **INGRESO SUJETO A IMPUESTOS** (línea 15 de 1040) $_____ ***NOTA: Upward Bound usa INGRESO SUJETO A IMPUESTOS para determinar si califica financieramente.**

II. **Favor de llenar esta sección si:** *Su familia NO report las formas de impuestos 1040*	1. INGRESO DE TRABAJO: Si la familia del estudiante **no** report una forma de impuestos para el año 2020, entonces indicant el ingreso annual de los padres. $_____ en el año 2020 2. OTRA FORMA DE INGRESOS: Si la familia del estudiante recibe otra forma de ingreso o asistencia, favor de incluir la cantidad *mensual* de cada tipo de ayuda. a. Seguro Social $_____ por mes b. Ayuda Publica (CALWORKS, Incapacidad) $_____ por mes c. Beneficios de Desempleo $_____ por mes d. Otros (especifique) _____ $_____ por mes 3. TOTAL INGRESO MENSUAL: (Suma 2a-2d) $_____ por mes

TODOS FIRMAN: Certifico que la información anterior es verdadera a lo major de mi conocimiento.

_____ ___ ___ / ___ ___ / ___ ___ ___ ___

Padre/Guardián Fecha

_____ ___ ___ / ___ ___ / ___ ___ ___ ___

Padre/Guardián Fecha