



Harvey Mudd College Upward Bound Program 2026 STUDENT APPLICATION

Deadline: _____

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

Name _____ Sex: ☐ Male ☐ Female
Address _____ City _____ State _____ Zip _____
Email: _____ Cell 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 ____

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

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

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

[illegible]



Harvey Mudd College Upward Bound Program

Financial Information

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

Questions? Call us at 909-621-8123 or email us at Upward_bound@hmc.edu

Please complete either Section I or Section II

I. Please Complete This Section ONLY if: <i>Your family files annual IRS 1040 forms</i>	Financial Information based on 2025 IRS Tax Form 1040 1. 2025 Adjusted Gross Income (line 11a of 1040) \$ _____ 2. Standard Deductions (line 12e of 1040) \$ _____ 3. Total Size of Family Unit (family household number) _____ 4. TAXABLE INCOME (line 15 of 1040) \$ _____ A completed copy of your 2025 IRS tax form and <u>all attachments</u> must accompany this application. *NOTE: Upward Bound uses TAXABLE INCOME to determine financial eligibility.
II. Please Complete This Section ONLY if: <i>Your family DOES NOT file annual IRS 1040 forms</i>	1. INCOME FROM WORK: If the applicant's family did not file a 2025 IRS tax form, then indicate what the parent/guardian's annual income. \$ _____ for 2025 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 PLEASE SUBMIT APPROPRIATE DOCUMENTATION (Examples: receipts, affidavits, payment stubs, or other documentation which verify receipt of other income aid. Families who are on assistance can submit a copy of verification affidavit.)

Signature: I certify that all the information provided in this application is true to the best of my knowledge.

____ / ____ / ____

Parent/Guardian Signature

Date

____ / ____ / ____

Parent/Guardian Signature

Date



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Información Financiera

Debe ser completado por los Padre(s) o Tutore(s)

¿Preguntas? LLámenos al 909-621-8123 o envíenos un correo electrónico a Upward_Bound@hmc.edu

Complete Sección I o Sección II

I. Favor de llenar esta sección si: <i>Su familia report las formas de impuestos 1040</i>	Información de 2025 basada en la forma de impuestos 1040 1. 2025 Ingreso Bruto Ajustado (línea 11a de 1040) \$ _____ 2. Deducciones (línea 12e de 1040) \$ _____ 3. Tamaño total de la Unidad Familiar (número de miembros del hogar) _____ 4. INGRESO SUJETO A IMPUESTOS (línea 10 de 1040) \$ _____ Una copia de su Forma de Impuestos 1040 del 2025 y anexos DEBE acompañar esta aplicación. *NOTA: Upward Bound usa INGRESO SUJETO A IMPUESTOS para determinar si califica financieramente.
II. Favor de llenar esta sección si: <i>Su familia NO report las formas de impuestos 1040</i>	1. INGRESO DE TRABAJO: Si la familia del estudiante no reporta una forma de impuestos para el año 2018, entonces indica el ingreso anual de los padres. \$ _____ en el año 2025 2. OTRA FORMA DE INGRESOS: 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. 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 FAVOR DE INCLUIR COPIAS DE DOCUMENTACION APROPRIADA (Ejemplos: recibos, declaraciones, cheques de pago o otra documentación la cual verifique otro ingreso de ayuda. Familias en ayuda pública deben presentar una copia de la declaración.)

Firma: Certifico que toda la información proporcionada en esta solicitud es verdadera según mi leal
saber y entender.

____/____/____

____/____/____

Padre/Guardián

Fecha

____/____/____

____/____/____

Padre/Guardián

Fecha