TIDEWATER COMMUNITY COLLEGE
From here, go anywhere.™

Upward Bound, Portsmouth Campus

7000 College Drive Portsmouth, VA 23703 (757) 822-2625 FAX: (757) 822-2184

STUDENT APPLICATION

PLEASE READ CAREFULLY: All questions must be answered in order for the application to be processed. The requested information is designed to assist the Upward Bound Program in meeting your needs. The information you provide will be held in strict confidence.

PART I: STUDENT INFORMATION

Name: _____
Last First MI

Date of Birth: _____/_____/_____ Sex: _____Male _____Female

Ethnic Background: _____

Home Address: _____
Street/Box Number City State Zip

Telephone Number: _____

Email Address: _____

United States Citizen: ___Yes ___No

Please check off the classes you have completed or are enrolled in:

___Pre-Algebra
___Algebra I
___Geometry
___Algebra II
___Integrated Math I
___Integrated Math II

___Physical Science
___Biology
___Chemistry
___Physics
___Earth Science
Other _____

___ESL English
___English (9)
___English (10)
___Foreign Language I
___ Foreign Language II

PART II: ACADEMIC INFORMATION. (MUST BE COMPLETED BY GUIDANCE COUNSELOR OR PRINCIPAL)

School Attending: _____Present Grade _____

School Address: _____ _____

School Telephone Number: _____

High School Graduation (Year):_____ Current GPA: _____ Cumulative GPA: _____

Guidance Counselor or Principal Signature: _____

PART III: FAMILY INFORMATION

Father/Guardian Name: _____ Home Phone Number: _____

Address: _____

Employer: _____Work Phone Number: _____

Email Address:_____

Did Father graduate from a 4 year College? ____Yes ____No

Mother/Guardian Name: _____ Home Phone Number: _____

Address: _____

Employer: _____Work Phone Number: _____

Email Address:_____

Did Mother graduate from a 4 year College? ____Yes ____No

With whom do you reside: ____Mother ____Father ____Guardian

Number in Family Members residing in home: _____

Dependent brothers and sisters living at home or in college:

Name _____ Age ____ Name _____ Age ____

Name _____ Age ____ Name _____ Age ____

PART IV: FINANCIAL INFORMATION (TO BE COMPLETED BY PARENT(S) OR/GUARDIAN)

The U.S. Department of Education requires that the Upward Bound Program gather this data in order to determine student eligibility. Failure to provide the necessary supporting documents will prohibit your child from being considered for admission. The personal information you give to the Upward Bound Program will be kept confidential and is protected by the Privacy Act.

***A COPY OF YOUR LATEST FEDERAL INCOME TAX FORM MUST ACCOMPANY THIS APPLICATION.**

Annual income reported on recent IRS filing: _____

Does your family receive non-taxable benefits? ____Yes ____No

Social Security Benefits: ____Yes ____No Veterans' Benefits: ____Yes ____No

Aid for Families with Dependent Children: ____Yes ____No

Other (Please Specify) _____

Amount of monthly payment: _____