



STUDENT APPLICATION

DATE: _____

1. NAME _____
(last) (first) (middle)
2. GENDER female male
3. SCHOOL: _____
4. GRADE IN SCHOOL: _____
5. SOCIAL SECURITY #: _____ / _____ / _____
6. BIRTHDATE _____
month/day/year
7. BIRTHPLACE: _____
8. U.S. Citizen Eligible non-citizen - alien registration number A _____
9. HOME ADDRESS: _____
(street address, box and/or route number)
- _____ (town/city) _____ (county) _____ (state) (zip)
10. TELEPHONE: (____) _____
(area code & number)
11. E-MAIL or OTHER PHONE: _____
12. ETHNIC/RACIAL BACKGROUND
- a. Hispanic/Latino/Latina? (check if yes, then continue to part b.)
- b. Check all that apply:
- American Indian/Alaskan Native - Tribe: _____
- Asian Black/African American White Native Hawaiian or Other Pacific Islander
13. LANGUAGE(S) SPOKEN IN HOME: English English plus other(s) Only another language
- If another language is used in the home, what language? _____
14. WITH WHOM DO YOU LIVE? Parent(s) Other relative-relationship: _____
- Foster parent Other specify: _____
15. NAME OF PERSON(S) CHECKED ABOVE: _____
(last/first/middle) (last/first/middle)
- ADDRESS AND PHONE if different than yours _____
(street address or route and/or box number)
- (____) _____
(area code and number) (city) (state) (zip)

16. EXTRA CURRICULAR ACTIVITIES (in school or out): _____

17. WHAT DO YOU LIKE TO DO (hobbies, sports, etc.) IN YOUR SPARE TIME? _____

HAVE YOU ANY PLANS OR IDEAS FOR AFTER YOU GRADUATE FROM HIGH SCHOOL? yes no

Please explain: _____

20. ON A SEPARATE SHEET OF PAPER, PLEASE WRITE AN AUTOBIOGRAPHICAL STATEMENT OF ABOUT 4 OR 5 PARAGRAPHS TO HELP US KNOW WHO YOU ARE AND WHAT YOU ARE LIKE.

21. DO YOU PLAN TO PARTICIPATE IN THE 6 WEEK SUMMER SCHOOL PROGRAM? YES NO

22. SIGNED: _____

**APPLICANT: REMEMBER TO SIGN THE "TRANSCRIPT REQUEST LETTER"
AND HAVE YOUR PARENT/GUARDIAN SIGN IT.
THEN TAKE IT TO YOUR GUIDANCE COUNSELOR ALONG WITH THE
"SCHOOL RECOMMENDATION" PORTION OF THE APPLICATION.**

ALSO - REMEMBER TO WRITE AN AUTOBIOGRAPHICAL ESSAY AND INCLUDE IT!

TRANSCRIPT REQUEST LETTER

Dear _____,
(high school guidance counselor)

Please send a copy of my transcript, a copy of my most current quarter grades, standardized test scores, and any other relevant information to the Upward Bound Program at UW-La Crosse as part of my application to that program. The records, to be used by the Upward Bound staff to determine my eligibility and help me with my school work, are requested and will be held in compliance with the Student Rights Act of 1975.

My test scores and any other relevant data from participation in the Upward Bound Program will, in turn, be sent to you for use you deem best.

In addition, please accept this letter as our permission for my school to send grades and other academic records as requested by Upward Bound during my participation in the program and after I leave the program as needed by Upward Bound for follow-up studies required by the U.S. Department of Education.

(student signature)

(parent/guardian signature)