

GWYNEDD-MERCY COLLEGE



UPWARD BOUND PROGRAM

Application Deadline

Date

APPLICATION INSTRUCTIONS

1. Please print or type all information.
2. Read all questions carefully before answering.
3. Information that must be submitted includes:

- application
- income verification
- two letters of recommendation from teachers
- most current report card (both sides)
- standardized test results
- student profile form

INCOMPLETE APPLICATIONS WILL BE RETURNED.

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE
UPWARD BOUND MAIN OFFICE AT 215-646-7300 EXT. 398.**

STUDENT INFORMATION

NAME	_____	_____	_____
	Last	First	Middle
HOME ADDRESS	_____	_____	_____
	Street	City/State	Zip Code
SOCIAL SECURITY #	_____		
DATE OF BIRTH	_____	AGE	_____
	MM/DD/YY		PLACE OF BIRTH _____
			City/State
HOME SCHOOL	_____	GRADE	_____
IF YOU ARE AN 8TH GRADER, WHAT CATHOLIC SCHOOL WILL YOU ATTEND IN SEPTEMBER?			

ETHNICITY

_____ African American	_____ Hispanic
_____ Asian	_____ Native American
_____ Caucasian	_____ Other (Specify) _____

GENDER

_____ Male	_____ Female	U.S. Citizen	_____ Yes	_____ No
*IF YOU ARE NOT A U.S. CITIZEN, A COPY OF YOUR RESIDENT ALIEN CARD MUST BE SUBMITTED				

BASIC INFORMATION

With whom do you live? (Please check where appropriate)

Mother and Father

Mother and Stepfather

Mother only

Father only

Father and Stepmother

Relative other than parent(s) (Grandmother, Aunt, etc.)

Number of siblings: Brother(s)

Sister(s)

Check if any apply: Father deceased

Mother deceased

Parents are Separated

Divorced

PARENT INFORMATION

PARENT OR LEGAL GUARDIAN (Circle one)

NAME _____
First Middle Last

ADDRESS _____
Street Apt #

_____ City State Zip

HOME PHONE () _____ BUSINESS PHONE () _____

PARENT/GUARDIAN EDUCATIONAL INFORMATION

HAVE ANY OF THE FOLLOWING EARNED A BACHELOR'S DEGREE? (CIRCLE ONE)

MOTHER YES NO

FATHER YES NO

INCOME DATA

ANNUAL TAXABLE INCOME: _____

DID YOU FILE AN INCOME TAX RETURN LAST YEAR: _____ YES _____ NO

OF PERSONS SUPPORTED BY THIS INCOME: _____

IF YOU RECEIVE ANY OF THE FOLLOWING NON-TAXABLE INCOME, PLEASE STATE THE AMOUNT RECEIVED ANNUALLY:

TEMPORARY AID FOR NEEDY FAMILIES (TANF) _____

VETERAN'S BENEFITS _____

SOCIAL SECURITY BENEFITS _____

OTHER INCOME _____

PLEASE ATTACH VERIFICATION OF ALL OF THE ABOVE FORMS OF INCOME.

COMPLETED APPLICATIONS SHOULD BE SUBMITTED TO

GUIDANCE COUNSELOR AT YOUR HIGH SCHOOL

OR

MAIL DIRECTLY TO:

**GWYNEDD-MERCY COLLEGE
UPWARD BOUND PROGRAM
1325 SUMNEYTOWN PIKE
P.O. BOX 901
GWYNEDD VALLEY, PA 19437-0901**

STATEMENT OF AUTHENTICITY/RELEASE OF ACADEMIC RECORDS

I declare that the educational and financial information provided in this application is accurate to the fullest extent of my knowledge. I also give permission for my child's academic records to be released to the Upward Bound Program.

Student Signature

Date

Parent/Guardian Signature

Date