



This form should be completed by the parent(s) or guardian(s) currently living with the student who is applying to Upward Bound. All information is confidential and is used to determine eligibility for Upward Bound. If you have any questions, please call your Upward Bound representative at 1-888-237-1667, or contact your high school Guidance Department Counselor.

### ELIGIBILITY ASSESSMENT FORM

Office use only	
UB _____	Returned _____/_____/_____
FG _____	Packet Sent _____/_____/_____
Letter: _____	
Yes _____ No _____	
1/3 _____	In D/Base _____/_____/_____

Student: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone #: 207- \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
(Last Name) (First Name) (Mid. Init.)

Student's Address: (Street) \_\_\_\_\_ County: \_\_\_ Somerset \_\_\_ Androscoggin Male: \_\_\_ Female: \_\_\_  
 (P. O. Box #) \_\_\_\_\_ \_\_\_ Franklin \_\_\_ Kennebec High School: \_\_\_\_\_  
 (Town/City) \_\_\_\_\_ Maine Zip: \_\_\_\_\_ \_\_\_ Oxford \_\_\_\_\_ Grade: \_\_\_\_\_

Student's E-Mail Address: \_\_\_\_\_

1. Is this student in DHS custody? \_\_\_ YES \_\_\_ NO (If YES do not fill out the rest of this form. Go to the end, sign, and return to the U.B. office.)

2.	List Names of Every Person Living in the Same House as the Student	List Every Person's Relationship to the Student	Last Grade Completed: Grade School (GS 1-12) or College (C 1-4)	Place of Employment	Number of Hours Worked Per Week	Wage Per Hour	Total Weekly Income
a							
b							
c							
d							
e							
f							
g							
h							

If one parent (mother or father) is not living in the student's home, enter that parent's name and address below.

Mother's Name: \_\_\_\_\_ Mother's Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Father's Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Will you (the Parents/Guardians) file a federal income tax return for 2007? YES \_\_\_ NO \_\_\_ **Enter only your 2007 Taxable Income\* here --> \$ \_\_\_\_\_**

\* Note: You will find your **Taxable Income** listed on the following IRS tax forms as: **Form 1040 – on Line 43, Form 1040A – on Line 27, or Form 1040EZ – on Line 6.**

4. Check (√) below all other types of income received by or for any member of the household. Be sure you entered income from work of every person living in your home on page 1.

Source of Income		√
a	TANF	
b	Food Stamps	
c	Soc. Sec. Disability Income (SSDI)	
d	Supplementary Security Income (SSI)	

Source of Income		√
e	Other Social Security (Specify by Name)	
f	Child Support Payments	
g	Alimony	
h	Dividends or Interest	

List All Other Income		
a		
b		
c		
d		

√ <u>Student's Citizenship:</u> <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Alien <input type="checkbox"/> Refugee <input type="checkbox"/> Perm Resident <hr/> (If known) House #: _____ Senate #: _____ Congressional District #: _____
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5. Have there been recent changes in your financial situation?  YES  NO If YES, please explain. \_\_\_\_\_

6. Do you expect any changes?  YES  NO If YES, Please Explain. \_\_\_\_\_

7. What is the student's racial/ethnic background: (optional) (√ all that apply)  African American, Black  Native American  More than one race  
 Asian  Pacific Islander or Native Hawaiian  
 Hispanic or Latino  White

8. Do either of the student's biological or adoptive parents have a bachelor's degree or a 4 year college degree? Yes, Mother  Name of College/University \_\_\_\_\_  
Yes, Father  Name of College/University \_\_\_\_\_  
No, Neither

9. Is the student disabled? (Learning disabled, hearing impaired, visually impaired, etc.)?  YES  NO If YES, please describe disability: \_\_\_\_\_

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I CERTIFY THAT THE INFORMATION REPORTED ON THIS STATEMENT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT, AND COMPLETE.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Your Relationship to the Student)

\_\_\_\_\_  
(Date)

SEND TO: Upward Bound  
238 Main Street, Suite 1  
Farmington, ME 04938

CONTACT NUMBERS: Toll Free: 1 – 888-237-1667  
Telephone: 778-7297  
778-7296  
Fax: 778-7642

Web Address: HTTP://UPWARDBOUND.UMF.MAINE.EDU

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