



One College Drive  
 East Peoria, IL 61635  
 Phone: (309) 690-6895  
 Fax: (309) 690-6885  
 Website: [www.icc.edu/upwardbound/](http://www.icc.edu/upwardbound/)

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Number and Name City State Zip Code

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender  Male  Female

Current School: \_\_\_\_\_ High School: \_\_\_\_\_

Ethnicity:  African American  Caucasian  Alaskan Native  Asian  
 American Indian  Hispanic  Other

Are you an U.S. citizen?  yes  no

\_\_\_\_\_  
 Parent/Guardian Signature Participant Signature Date

**FOR OFFICE USE ONLY**

	Y	N		Y	N
Application Signed and Dated			Student Accepted <input type="checkbox"/> waiting list		
Income Initialized			Entered in Database		
Family Size Initialized			Welcome Letter Sent (Date: / / )		
Report Card/Transcript Attached			Income Level <input type="checkbox"/> LI/FG		
Inserts Completed and Signed			<input type="checkbox"/> LI		
			<input type="checkbox"/> FG		

**HOUSEHOLD INFORMATION**

*FATHER OR LEGAL GUARDIAN*

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Education Level:  GED  HS  AA/AS  BA/BS  MA/MS  Ph.D.  
 Professional Degree  Training and/or Certification

*MOTHER OR LEGAL GUARDIAN*

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Education Level:  GED  HS  AA/AS  BA/BS  MA/MS  Ph.D.  
 Professional Degree  Training and/or Certification

**INCOME LEVEL ELIGIBILITY**

PLEASE COMPLETE THE FOLLOWING:

- ✓ **INITIAL** the box that indicates your "Family Size"
- ✓ **INITIAL** the box that indicates your "Annual Taxable Income"
- ✓ **SIGN AND DATE** the statement below certifying the data initialized is true

**Federal TRIO Programs 'Annual Low Income' Levels  
Effective: February 2008 until further notice**

Your Initials	Family Size	Annual Income	Your Initials
	1	\$15,600	
	2	\$21,000	
	3	\$26,400	
	4	\$31,800	
	5	\$37,200	
	6	\$42,600	
	7	\$48,000	
	8	\$53,400	

I certify that the information I have initialed above is true to the best of my ability.

\_\_\_\_\_  
Print Full Name of Head of Household

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

*Note: Your signature certifies that all information on this form is correct, authorizes the Upward Bound Program to request information beneficial to your child's education, and allows release of information to the Federal Government as required by law.*

**PARENTAL PERMISSION**

I give my child permission to participate in any, or all, of the activities of the Upward Bound Program. I also grant HSSC/UBP irrevocable and unrestricted rights to use and publish any photographs/videos of my child, to copyright them for program and college use, and release them from all claims and liabilities relating to said photos and/or videos.

yes     no

My child's attitude, behavior, and conduct will be above reproach at all times.

yes     no

My child understands that infractions of the rules and guidelines are grounds for dismissal from the program.

yes     no

*I certify that I read and fully understand all the terms identified on this permission form.*

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**RECOMMENDATIONS**

PLEASE PROVIDE UPWARD BOUND WITH TWO RECOMMENDATIONS FROM SCHOOL OFFICIALS WHO ARE FAMILIAR WITH YOUR ABILITIES.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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