



Oklahoma City Community College Upward Bound
7777 S. May Avenue
Oklahoma City, OK 73159
Phone: (405)682-7865 Fax: (405)682-7815

Please print and complete in ink:

STUDENT'S NAME: _____ TODAY'S DATE: _____
First Name MI Last Name Month/Day/Year

ADDRESS: _____
Street Address or P.O. Box City State Zip Code

HOME PHONE: (____) _____ PARENT'S CELL PHONE: (____) _____

STUDENT'S CELL PHONE: (____) _____ STUDENT'S EMAIL: _____

DATE OF BIRTH: ____/____/____ AGE: _____ SOCIAL SECURITY# ____-____-____
Month Day Year

SEX: [] Male [] Female U.S. CITIZEN? [] Yes [] No NOTE: IF NO, WILL NEED COPY OF RESIDENT ALIEN (GREEN) CARD

ETHNICITY: (check one) [] Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American) [] Not Hispanic/Latino

RACE: (check all that apply) [] American Indian/Alaskan Native [] Black or African American [] Hispanic or Latino
[] White [] Asian [] Native Hawaiian or Pacific Islander [] Other _____

CURRENT GRADE: [] 9th [] 10th [] 11th [] 12th

CURRENT SCHOOL: _____ What grades do you usually get? _____

What was your last semester grade point average (GPA)? (Check one) Please provide copy of HS transcript

[] (A) 4.0 and above [] (B) 3.0 -3.9 [] (C) 2.0 -2.9 [] (D) 1.0 -1. [] (F) below 0.9

Are you currently a participant in Talent Search or Upward Bound? Yes [] No []

HOUSEHOLD INFORMATION

Family size: _____ (total number currently living in your household and supported by parent/guardian)

With whom does the student live?

[] Mother only [] Father only [] Mother and Father [] Parent/Step-parent
[] Legal Guardian: _____ [] Other (specify): _____

Parent/Guardian 1 Name: _____

Occupation: _____ Work Phone: _____

Parent/Guardian 2 Name: _____

Occupation: _____ Work Phone: _____

Has either parent in your current household received a 4-year degree from a college or university? [] Yes [] No

FAMILY INCOME INFORMATION

For OCCC to determine eligibility for Upward Bound participation, federal regulations require documentation on the applicant’s family size (# of exemptions) and taxable income from the last calendar year. **Please complete ONE on the appropriate sections below:**

SECTION 1 – Please note that the **Annual Taxable Income** is located on **line 43 of Form 1040**, on **line 27 of Form 1040A** and on **line 6 of Form 1040EZ**. The Taxable income is usually lower than the Adjustable Gross Income which is located at the bottom of the first pages of most tax forms. (Attach a copy of tax forms)
Please call 405-682-7865 if you have any questions or need assistance locating this information.

What is your household’s **Annual Taxable Income** for the previous year? _____

SECTION 2 – FOR FAMILIES WHO WERE NOT REQUIRED TO FILE AN IRS 1040 OR 1040A FORM

Family Size: _____ **Total earnings (GROSS INCOME) for the previous tax year: \$** _____

Sources of Income: _____

If any of the sources of income listed below apply to you, please complete the appropriate section:

Social Security Benefits \$ _____

Welfare Benefits \$ _____

TANF Benefits \$ _____

Other – Please List: _____ \$ _____

SECTION 3 – (Check if applicable) APPLICANT IS A FOSTER CHILD APPLICANT IS UNDER GUARDIANSHIP

(Agency: _____) Documentation attached

I hereby certify that the information and attached documents provided to support this application are true and correct, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Additionally, I understand that the information given herein and supporting documents are for the receipt of Federal assistance. Officials handling this application may verify the provided information using either computer matching programs, or by other means, with other Federal or State Agencies. [Note: The information you provide may be disclosed to third parties for the purpose of verifying eligibility requirements, and in an effort to prevent fraud, waste, and abuse in providing federal assistance.]

Parent or Legal Guardian’s Signature

Date

Student Signature

Date