

PARENTS' CONFIDENTIAL STATEMENT
Mail or return to guidance by November 16, 2011

The information requested below is necessary to determine your child's eligibility to participate in the **Northfield Mount Hermon Upward Bound Program**. The information is protected by the Privacy Act. No one may see the information unless he or she is authorized to. Some facts may be sent to the Department of Education if the student is accepted. No information is given to other departments of the government. You may submit it with your child's application or mail or fax it to us directly. This form must be **completely** filled out and supporting documents received **before** we can consider your child's application.

Student's FULL name _____ Age _____

Address _____

Social Security Number ____ / ____ / ____ School _____

Parent/Guardian 1 name _____ relationship to child _____

Address if different from child's _____

Date of Birth _____ Social Security number _____

Occupation _____ Employed by _____

Home phone _____ work phone _____ cell phone _____

Email address _____

Parent/Guardian 2 name _____ relationship to child _____

Address if different from child's _____

Date of Birth _____ Social Security number _____

Occupation _____ Employed by _____

Home phone _____ work phone _____ cell phone _____

Email address _____

Did your child have an IEP in middle school? _____ High School? _____

Does your child have any school discipline history or DYS involvement? If so, please explain.

Note: We will still consider him or her but we need to know how we can best serve your child if he or she is selected.

Which language do the adults in the home understand best? _____

This information will not be used for selection, only to better serve your child if accepted.

| Did you complete... | Father or Male Guardian | Mother or Female Guardian |
|-----------------------------------|--------------------------------|----------------------------------|
| High School or less | Yes _____ No _____ | Yes _____ No _____ |
| Some college (no degree) | Yes _____ No _____ | Yes _____ No _____ |
| Associates Degree (2 year) | Yes _____ No _____ | Yes _____ No _____ |
| Bachelor's Degree (4-year) | Yes _____ No _____ | Yes _____ No _____ |

Please tell us why you feel your child needs the Upward Bound Program _____

OVER →

Parent Commitment: Students are required to participate in *all* the components of the program. Please check the following statements to show that you will make sure your child fully participates in the program.

- I will make sure my child **fully** attends the 6-week Summer Academy each summer.
- I will make sure my child attends all advising meetings and after school program once a week during the school year.
- I will make sure my child attends Upward Bound tutoring up to twice a week if he /she has grades below a B.
- I will work closely with Upward Bound staff to help my child be successful.
- I will attend parent meetings to better help my child prepare for college.

Citizenship *Students must be US citizens or permanent legal residents.*

Is this student a U.S. citizen at the present time? _____ Please send a copy of the birth certificate.

If no, please indicate status:

_____ Permanent Resident Alien Registration number: _____

_____ Other, specify visa type _____

Please submit a copy of green card/resident alien card with the application

Income Information

In order for your child to be considered for the Upward Bound program, we need **one** of the following on file:

- 1) **If you file a tax return**, please send a *signed copy* of your 2010 Federal Income Tax Form.
- 2) **If you did not file** (and do not plan to), please send a copy of *all* of the following which apply to your situation:
 - a) End-of-year Social Security statement;
 - b) TANF authorization card;
 - c) EBT identification card;
 - d) An Unemployment Compensation check-stub (indicating end-of-year amount);
 - e) A copy of a check stub from **all sources of income** for 2010.

If you cannot provide any of the above income documentation please complete this statement:

PARENT/GUARDIAN STATEMENT OF INCOME

Total **gross income** for parent/guardians in the household
(1040A line 21 or 1040 line 37 or 1040 EZ line 6) \$ _____

Taxable income (from federal tax form) for the parent/guardians in the household
(1040A line 27 or 1040 line 43 or 1040 EZ line 6) \$ _____

How many people in the household are dependent on this income? _____

Certification and authorization

I declare that the information reported on this statement is true.

Signature of Parent/Guardian

Relationship to Student

Date