

General Application

Academic Enrichment Upward Bound • The University of Tennessee

Name: _____
(Last) (First) (Middle)

Address: _____, TN _____
Street Name Apt. # City Zip Code

Home Phone: _____ Work Phone: _____

Social Security Number: ____/____/____ Sex: Female ____ Male ____

Size of your family: _____ Birthdate: ____/____/____ Age: _____

Race: African American ____ White ____ American Indian ____ Asian ____ Hispanic ____ Other ____

Handicapped: Yes ____ No ____ What is this handicap? _____

What accommodations will you need? _____

Are either of your parents a veteran of the Armed Services? Yes No If Yes, Name/Phone # _____

Do you have any siblings who have completed military service? Yes No If Yes, Name/Phone # _____

Mother's/Stepmother's Name: _____ Occupation: _____ Highest Grade Completed: _____
1-16

Father's/Stepfather's Name: _____ Occupation: _____ Highest Grade Completed: _____
1-16

You live with: Both Natural Parents ____ Mother ____ Father ____ Stepmother ____ Stepfather ____ Other _____

Do either of your parents have a 4-year college degree? Yes ____ No ____ Are you a U.S. citizen? Yes ____ No ____

EDUCATIONAL STATUS:

Name of high school currently attending: _____ Grade: _____ Approx. GPA: _____

EDUCATIONAL PLANS: (check one)

No Plans Area Vocational School Career Goal: _____

2-year College 4 Year University How did you become interested in this career?

How can ACADEMIC ENRICHMENT UPWARD BOUND help you? (check as many as apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Math Tutoring | <input type="checkbox"/> English Tutoring | <input type="checkbox"/> Reading/Tutoring |
| <input type="checkbox"/> Science Tutoring | <input type="checkbox"/> Social Studies Tutoring | <input type="checkbox"/> Study Skills Instruction |
| <input type="checkbox"/> Social Counseling | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Postsecondary Education Information |
| <input type="checkbox"/> College Visits | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Make Better Grades |
| <input type="checkbox"/> Cultural Activities | <input type="checkbox"/> Time Management | <input type="checkbox"/> Find Scholarships for College |
| <input type="checkbox"/> Career Planning for Future | <input type="checkbox"/> Other _____ | |

DATE: _____ SIGNATURE OF APPLICANT: _____

For Office Use Only: Student is EF ____ F ____ E ____ Does not qualify: ____