

PARTICIPANT APPLICATION

Please type or print in blue or black ink. (Please do NOT use white-out!)

STEP 1: Student, please answer the following questions about yourself.

a. What is your **name**?

Last Name

First Name Middle Initial

b. What is your **mailing address**?

Street Address Apt. #

City State ZIP

c. What is your **home phone number**?

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d. What is your **cell phone number**?

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e. What is your parents' **cell phone number**?

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- Mother
- Father

f. What is your **ccsd e-mail address**?

@nv.ccsd.net

g. What is the **address** of the **e-mail** account **you check most often**?

- Mother
- Father

h. What is your parents' **e-mail address**?

STEP 2: Student, please answer the following questions about yourself.

a. What is the name of your **school**?

b. What **grade** are you in?

th

c. What is your **student ID number**?

d. What is your **social security number**?

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e. What is your **birthdate**?

/ /

Month Day Year

f. Are you **Hispanic** or **Latino**?

YES NO

g. What is your **race**?

(Please check all boxes that describe you.)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

h. What is your **gender**?

Female Male

STEP 3: Student, please answer the following question about yourself.

a. Are you a U.S. citizen?

YES

NO, but I am a Permanent Resident.

My Permanent Resident Alien Number is:

A

NO; I am not a U.S. citizen, and I am not a permanent resident.

STEP 4: Student, please answer the following questions about your parents and about yourself.

- a. Has your mother received/earned a baccalaureate degree? YES NO
- b. Has your father received/earned a baccalaureate degree? YES NO
- c. Which parent do you regularly reside with and receive support from?
(Please check only one box.) Both Mother and Father Mother only
 Neither Mother nor Father Father only

STEP 5: Student, please answer the following questions about yourself.

- a. Are you married? YES NO
- b. Do you have children or other dependents (other than a spouse) who receive more than half of their support from you? YES NO
- c. Are you an orphan, in foster care, or a ward of the court? YES NO
- d. Are you an emancipated minor or do you have a court-appointed legal guardian? YES NO
- e. Are you less than 18 years of age and have no parent or guardian? YES NO
- f. Are you homeless (i.e., you lack a fixed, regular, & adequate nighttime residence) or are at risk of becoming homeless? YES NO

STEP 6: You (the student) must answer the following questions about yourself if you are at least 24 years old or you answered YES to any question in STEP 5. Your parent(s) must answer the following questions about themselves if you are less than 24 years old and you answered NO to all questions in STEP 5.

- a. What is the total **number of persons** (including you) in your family unit?
- b. What was your family's **taxable** (not total) income from the last calendar year? My family's **taxable** (not total) income from the last calendar year was: Note: Taxable income can be found on the federal income tax return. On IRS Form 1040 \$, . 0 0
- (Please check only one box. Then, provide the requested income information.) My family did not file a federal income tax return for the last calendar year. My family's total income from the last calendar year was: \$, . 0 0
- My family had no taxable income during the last calendar year.

STEP 7: You (the student) must read the following statement and then sign and date below it. If you (the student) are less than 24 years old and answered NO to all the questions in STEP 5, your parent must also read the following statement and then sign and date below it.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student's official academic records to the Center for Academic Enrichment and Outreach (CAEO) at the University of Nevada, Las Vegas, understanding that the information in these records will be used only to assess the student's need for TRIO program services, discern the student's educational progress, evaluate the effectiveness of TRIO program activities, and fulfill TRIO program-reporting requirements. Finally, I authorize CAEO to use the student's name, statements and likeness, without charge, for promotional purposes in CAEO publications, advertising, video, and other formats.

Student Signature	Date
Parent or Legal Guardian Signature	Date

STEP 8: You (the person signing this application) must click submit. In response, you will receive an e-mail message confirming that you submitted this application. You must follow the instructions in that message to complete your submission. By checking this box, you confirm you have read section 8.



Division of College Prep

Academic Information Release Form & Parental Information

Print Student First & Last Name

Print Student School ID Number

I hereby give consent to my child to participate in the Upward Bound Program at the University of Nevada, Las Vegas. I understand that participation in the program will include counseling by employees of the Board of Regents of the University and Community College System of Nevada (UCCSN), as well as numerous field trips, some of which may be overnight and for which transportation will be approved and provided by the Regents.

I also give my consent to the Clark County School District (CCSD) and the CCSD school my child currently attends to make available to the Director and staff of the Upward Bound Program any and all information pertaining to my child's academic progress in school.

My child and I agree to indemnify, save, and hold harmless and release and forever discharge the Regents and their employees and agents from all claims and demands which my child, myself, or our representatives and their employees and agents by reason of acts, illness, injury, or other consequences arising out of or resulting directly or indirectly from my child's participation in the aforementioned Upward Bound Program, or any time subsequent thereto.

I hereby give consent to the Regents and their employees and agents to render medical treatment and assistance to my child if the rendering of such treatment should become necessary or desirable during the course of the Program.

Signature of Parent or Legally Appointed Guardian

Date

	Father/Guardian	Mother/Guardian
Name		
Employer		
Work Phone		



CENTER FOR ACADEMIC ENRICHMENT AND OUTREACH
 UPWARD BOUND MATH & SCIENCE CENTER
 UNIVERSITY OF NEVADA, LAS VEGAS
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***This is a supplement to the required application.**