

**SIMMONS COLLEGE UPWARD BOUND MATH/SCIENCE PROGRAM
APPLICATION**

The following information is necessary and will be treated in a **confidential** manner. The student applicant and his/her parent(s) or guardian(s) must complete **all** items to be considered for entrance into the Program.

STUDENT'S STATEMENT

The **student** must complete this section:

Name of Student

Last

First

Middle

Address

Number and Street

Apt. #

City

Zip Code

Phone Number _____

Student's Social Security Number _____

Student's Date of Birth _____ Age _____ Sex _____ Place of Birth _____

Are you a citizen of the U.S.? Yes _____ No _____

If not, of which country are you a citizen? _____ Type of Visa _____ Number _____

Your Educational Status and Future Plans

Present School _____ Homeroom: _____

Previous School _____

Present year in school(check): 8th _____ 9th _____ 10th _____ 11th _____

Program in which enrolled (check): College Prep _____ General _____

Vocational _____ Other _____ Specify _____

Principal _____ Phone _____

Guidance Counselor _____ Phone _____

SIMMONS COLLEGE UPWARD BOUND MATH/SCIENCE PROGRAM

(Student Application cont'd.)

ARE YOU SATISFIED WITH THE GRADES THAT YOU EARN IN SCHOOL? _____

DO YOU THINK THAT YOU HAVE THE ABILITY TO DO BETTER ? _____

PLEASE EXPLAIN YOUR RESPONSE. _____

HOW DID YOU FIRST HEAR ABOUT THE UPWARD BOUND MATH/SCIENCE PROGRAM? _____

WHAT ARE YOUR EXPECTATIONS OF UPWARD BOUND? _____

SIMMONS COLLEGE UPWARD BOUND MATH/SCIENCE PROGRAM

(Student Application cont'd.)

A **parent or guardian** must complete this section:

Student applicant lives with: Both parents _____ Guardian _____
Mother only _____ Father only _____
Other (please specify) _____

Name of Mother (or Guardian)

Last

First

Middle

Address (if different from student's)

Occupation _____ Place of employment _____

Phone _____ Pager _____

Education (please check one): Less than high school _____
High school graduate _____
College graduate _____

Name of Father (or Guardian) _____

Last

First

Middle

Address (if different from student's) _____

Occupation _____ Place of employment _____

Phone _____ Pager _____

Education (please check one): Less than high school _____
High school graduate _____
College graduate _____

Language(s) spoken at home (please list): _____

Names and addresses of (2) persons other than parent(s) or guardians(s) to be contacted in case of an emergency:

Name _____

Relationship _____

Address _____

Phone Numbers:

Home _____

Work _____

Name _____

Relationship _____

Address _____

Phone Numbers:

Home _____

Work _____

Does your child have any physical handicaps and/or medical restrictions? Yes ___ No ___

Type of restrictions

Name of Doctor _____ **Phone** _____