Upward Bound Application for Enrollment

Date/					
Name					
	(Last)	Please Print	(First)		(Middle Initial)
Address				Bridgeport, CT	
	((Street)			Zip Code

Upward Bound

Authorization for Release of Information

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Student's Name_______Date____/___/___

(Last Name) (First Name)

High School______Grade_____

Please indicate the specific classes you are currently taking in school:

- " Composition " Literature
- " Algebra " Geometry " Pre-Calculus " Adv. Math " Other
- " Civics " Am. History " World History " Geography
- !!!! " Biology " Chemistry " Physics " Adv. Science " Other
 - " French " Spanish " Japanese " Other
 - " Computer " Electives

Please list any after school activities:

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Student's Name			Grade	Date	
	(Last)	(First)			

Student Applicant: Please indicate, using the scale below, the areas in which you feel you need or would like assistance. Return this form with your application for admission to the Upward Bound Program.

S	са е					
1Do not need help 2—Needs a little help	3—Usually	needs help	4—Needs a	ot of help		
Acade c						
Reading	1	2	3	4		
Writing	1	2	3	4		
Mathematics	1	2	3	4		
Social Studies	1	2	3	4		
Science	1	2	3	4		
English as a Second Language (ESL)	1	2	3	4		
Ca ee						
Career awareness	1	2	3	4		
Knowledge of professions/jobs	1	2	3	4		
Knowledge of career opportunities	1	2	3	4		
Information on job training/internships	1	2	3	4		
P ec da Ed ca						
Visits/trips to college campuses	1	2	3	4		
Postsecondary opportunities	1	2	3	4		
College admissions process	1	2	3	4		
Information on financial aid options	1	2	3	4	1	

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\$ Out of the areas listed on Page 5, what do you feel you need the most help with?	
\$ Are !"#\$# other areas or issues not mentioned that you feel you need help with? Please explain	

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Student's Name		Grade
	(Last)	