

FAMILY DATA

Please complete the information below for the household in which the student resides.
All Data entered is confidential.

Mother or Guardian's Name _____

Educational Completion (Circle One) Grades 1-8 9 10 11 12
2 Year Degree from _____, 4 Year Degree from _____

Is this individual the birth mother? _____ Yes _____ No
If not, please indicate relationship to student:
_____ Stepmother, _____ Grandmother, _____ Aunt, _____ Other _____

Mother or Guardian's Occupation _____
Daytime Phone Number _____ Employer _____

Father or Guardian's Name _____

Educational Completion (Circle One) Grades 1-8 9 10 11 12
2 Year Degree from _____ 4 Year Degree from _____

Is this individual the birth father? _____ Yes _____ No
If not, please indicate relationship to student:
_____ Stepfather, _____ Grandfather _____ Uncle _____ Other _____

Father or Guardian's Occupation _____
Daytime Phone
Number _____ Employer _____

Are your parents Divorced? _____ Decreased? _____ Separated/ _____

List Brothers and sisters: Age

Student Signature _____ **Date** _____

For Office Use Only

Student is EF Student is F Student is E Student does not qualify

Date to enter program _____

FAMILY INCOME INFORMATION

(To be completed by parent or guardian)

The information you provide to MMC Upward Bound on this form is required by the U.S. Department of Education for determining the applicant’s eligibility for the program. Information received on income is **confidential**.

Student’s Name _____

Family Size, Meal Program Status, and Housing

How many people live in your household? _____

School Meal Program for which your child participates:

____ Free lunch program ____ Reduced lunch program ____ Full Paid lunch program

If student receives free or reduced price meals there is no need to complete the next sections. Just complete the information at the signature line and return with application.

Do you live in public housing? _____ Yes _____ No

Income Tax Information from 2010 Federal Forms

Did you file last year? _____ Yes _____ No

If yes, please attach a copy of your completed income tax form that verifies the amount of TAXABLE INCOME. Or complete the information below from your most recently filed tax return. (Application is not complete without this information)

	# of Exemptions	Wages & Salaries	Adjusted Gross Income	Taxable Income
1040 Tax Form	_____ (line 6d)	_____ (line 7)	_____ (line 37)	_____ (line 43)
1040A Tax Form	_____ (line 6d)	_____ (line 7)	_____ (line 21)	_____ (line 27)

Untaxed Income

If you did not file a tax return or if you receive any untaxed benefits, please list below the **monthly** amounts for all members of the family.

_____ Social Security	_____ AFDC
_____ Welfare (families first)	_____ Disability benefits
_____ Veteran’s Benefits	_____ Retirement benefits
_____ Child Support	_____ Food Stamps
_____ Unemployment Compensation	Case # _____

My signature below indicates to the best of my knowledge that information provided on this form is true, complete, and accurate. I authorize the Martin Methodist College Upward Bound staff to obtain copies of my child’s academic and financial assistance records from the school he or she now attends or may attend in the future.

Signature of parent or Guardian Social Security # of Parent Date

