



**HAMLIN UNIVERSITY
UPWARD BOUND MATH & SCIENCE PROGRAM**

2006 PARENT/GUARDIAN APPLICATION & FINANCIAL VERIFICATION
(TO BE COMPLETED BY APPLICANT'S PARENT OR LEGAL GUARDIAN)

Dear Parent or Guardian:

Students that are accepted into the Upward Bound Math & Science Program must meet certain federal guidelines. Students must come from economically challenged families and/or families where neither parent has completed a four-year college degree. These are the conditions of the federal law that provides funding for the Upward Bound Math & Science Program. The program must have a Parent/Guardian Application filled out before your child can be considered for admission.

PLEASE RETURN THIS APPLICATION BY MAY 15, 2006 TO:

Upward Bound Math & Science Program
Hamline University
c/o Dean of Students Office
1536 Hewitt Avenue
St. Paul, MN 55104

2b. Guardian's name: _____
 Employed by: _____
 Social security number: _____/_____/_____
 Address: _____
 Telephone (home): _____ (work): _____

If there is more than one guardian, please attach another sheet to this application giving that guardian's information.

3. If the applicant has a caseworker please provide his/her name and telephone number:

Name: _____ Telephone: _____

4. Father's education

Did he graduate from high school? Yes No
 If not, what was the last grade he completed? _____
 Has he attended college? Yes No
 If yes, how many years has he completed? _____
 Has he earned a college degree? Yes No

Mother's education

Did she graduate from high school? Yes No
 If not, what was the last grade she completed? _____
 Has she attended college? Yes No
 If yes, how many years has she completed? _____
 Has she earned a college degree? Yes No

5. List **all** members of your household (including the applicant) and complete the information below.

Name	Relationship to adult filling out this application
_____	<u>SELF (PARENT OR GUARDIAN)</u>
_____	<u>APPLICANT FOR MATH & SCIENCE CENTER</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Add another sheet if necessary)

FINANCIAL INFORMATION

PLEASE COMPLETE ONE OF THE FOLLOWING BOXES

6A. IF YOU FILED TAXES FOR 2005

Total 2005 **taxable income** from employment (line 27 of form 1040A, or line 42 of form 1040): \$ _____

Number of exemption claimed on 2004 tax return (form 1040A or form 1040, line 6d): _____

OR

6B. IF YOU DID NOT FILE TAXES

Last year's income for entire family:

Weekly \$ _____ OR Monthly \$ _____ OR Yearly \$ _____. Is your employment

Part of JPTA of a State or Federal job training program? Yes No

If yes, how long have you been working on the program? _____

7. Please list any other sources of income:

1. _____

2. _____

8. Does your family live in federal low income housing? No Yes

9. How many members of the family listed above are on state or federal welfare? (If none, please enter 0) _____

PLEASE CALL IF YOU HAVE DIFFICULTY COMPLETING THE APPLICATION!

WE'RE HERE TO HELP! I

I certify that I am the parent/guardian of _____ and I verify that to the
(Print Name of Student)
best of my knowledge, the information I have supplied is true and accurate.

Signature of Parent or Guardian

Date