



University Bound Program Student Application

#2 John Brewers Bay
St. Thomas, VI 00802
(340) 693-1130

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Kingshill, VI 00850-9871
(340) 692-4182

Thank you for your interest in the University Bound Program.

This application must be completed in full and returned to the University Bound Office. All information are **confidential**.

Applications will be reviewed once **all** materials are received. If you are selected for an interview, you will be contacted to set up an appointment. Admission into the program is based on financial and academic eligibility, need, readiness for program services and available space.

Please Note: Submitting an application **does not** guarantee admission into the program.

Student's Name: _____
Grade: _____
School: _____
Date: _____

*****NOTE:** TO COMPLETE THIS APPLICATION, YOU ARE REQUIRED TO **SUBMIT** THE FOLLOWING:

1. A copy of your **high school transcript** **and/or** your **most recent** report card
2. A **Certified copy** (stamped/dated) of your parent's/guardians last **Income Tax Return** filed or other document of family income; such as public assistance, social security, retirement, etc.
3. A **letter of recommendation** as indicated in **Part D**, from a teacher or counselor
4. An **essay**, at least 100 words: Write a brief essay defining your career goals. (In what way do you believe U.B. will be able to assist you in achieving those goals? **Please attach essay to application.**)
5. Copies of Standardized test scores



Application Part A

1. Name _____
Last First Middle

2. Physical Address: _____

3. Mailing Address: (if different from the physical address) _____
City state zip code
P. O. Box # city state zip code

4. Phone No. : _____ 5. E-mail Address: _____

6. Date of Birth: _____ 7. Gender: ___M ___F 8. Social Security# _____

9. Name of High School: _____ 10: Current Grade: _____

11. Place of Birth: _____ (Please show proof of citizenship) 12. Age: _____

If not born in the U.S. or U.S.V.I., please complete A or B below:

___ A. Naturalized Citizen Date Granted: _____ (please provide copy)

___ B. Permanent Resident Alien Number: _____ (please provide copy)

13. What Language, other than English, is spoken at home? _____

14. With whom do you live? ___ Mother ___ Father ___ Both Parents ___ Other: _____

15. How should mail to Parents/Guardian be addressed? (Please check one)

___ Mr. & Mrs. ___ Mr. ___ Mrs. ___ Ms. _____
Name

16. How did you hear about the University Bound Program? _____

17. List any extra-curricular activities in which you participate. (at school, community, church etc.)

18. What Career Path are you enrolled in high school? (ex: aviation, medical): _____

* UVI complies with affirmative action, equal opportunity, Title IX, Section 504 Federal Legislation.

Part C:

TO BE FILLED OUT BY PARENT OR GUARDIAN

Note: Giving the medical information (questions 1-4 below) is voluntary and not providing it will not affect your child's acceptance into the program. However, in order to properly plan your child's educational or remedial program, we request that you provide this information.

1. Please list any medical, psychological, behavioral, or educational problems which may limit your child's successful participation in Upward Bound. _____

2. In case of emergency, what procedure should be followed _____
3. Please list and explain the use of any medication(s) that your child is using. _____
4. Date of last physical examination: _____ Medical/Insurance Card#: _____
5. Please provide household **Annual Income** information below:

| | Parent (1) | Parent (2) |
|--|-------------------|-------------------|
| Name (parent/guardian) | | |
| Relationship to Applicant | | |
| Employer | | |
| Employer's Mailing Address | | |
| Work# / Cell# / Home | | |
| Job Title | | |
| Annual Income/before deductions | | |
| Email Address | | |

6. Do you **claim** the University Bound applicant as an exemption on your income Tax Return? ___Y ___N
If yes, what status do you use when filing your tax return? ___single ___married, joint ___head of household.
7. What is the total number of exemptions that you claim on your tax return? _____

Note: Statements made regarding taxable income must be verified. **If you do not claim the applicant, please explain the main source of support for this applicant and offer some form of documentation thereof.**

**University Bound is supported by government funds appropriated to serve students who meet a certain economic criteria. If your child is selected to participate in the program and the information given on this form is false, he/she will be dropped from the program.*

Parent's Signature: _____

Date: _____

