

Upward Bound Math & Science Pre-Enrollment Form

Date: _____

Student Name: _____

Home Address: _____

City, State: Milwaukee, WI Zip code: _____

Telephone Number (_____) _____ Date of Birth _____ Age _____

Gender: Male Female

Current School Attending: _____ Grade Level: _____ Cumulative GPA _____

The information below is personal and will be kept confidential. The U.S. Department of Education requires federally funded programs to collect this information to determine the applicant's eligibility for the program.

Parent / Guardian Last name _____ First Name _____

Are you a 4-year college graduate? ___ yes ___ no

Parent / Guardian Last name _____ First Name _____

Are you a 4-year college graduate? ___ yes ___ no

Is the Student:

____ U.S. Citizen _____ Permanent U.S. Resident _____ Visa _____ Other (please list) _____

*****Please provide a recent report card or transcript*****