



**PARENT INFORMATION**

**Is the student being cared for by a single parent?** Yes No

**Mother**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number where BACI can contact you

\_\_\_\_\_  
Email address

Level of education:

Did not finish high school

High school diploma, no college

Began college but did not complete

Bachelors degree

Masters degree or higher

**Father**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number where BACI can contact you

\_\_\_\_\_  
Email address

Level of education:

Did not finish high school

High school diploma, no college

Began college but did not complete

Bachelors degree

Masters degree or higher

**What is your family annual income?**

**What is the size of your household?**

**Name of Church you and your family go to:**

**Health Insurance**

Company:

Policy number:

Group number:

Policy holder:

Student's signature

Date:

*Please return the application by hand-delivery or mail to BACI:*

4925 Shelby Street, SUITE 200  
Indianapolis, IN 46227 Or Email to: [upcollege@baci-indy.org](mailto:upcollege@baci-indy.org)