

2015-2016 Upward College Program Application Form

The Upward College Program prepares the participants for college and future success by assisting the area High School Students with their Homework Assignment (tutoring English, Math & Science, Social Sciences), train in Advanced English Writing, including Business & Technical Communications, Essay Writing, Reading, and Life Skills Training, SAT/ACT Preparation, College Admissions, FAFSA, Scholarship Applications, and provide college coaching and mentorship services. From this school year, STEM (Science, Technology, Engineering and Mathematics) has been added to the program.

Student's name					
Date of birth	Sex: F M				
Home address	City, state and zip	code			
Email address					
Home phone number					
Name of school				Grade level: 9	10 11 12
Student ID number				GPA	
Do you intend to go to college a	fter high school? Yes	No			
Have you in the past or do you	currently participating in BAC	CI Upward Col	lege Program	? Yes	No
If Yes, which program and what b. UCP 2012-2013 c. U f. Summer 2013 Scholars Progr	CP 2013-2014 d. UCP	2014-2015	e. Summe	2011-2012 er 2012 Scholar er 2015 Scholar	
Do you intend to participate in t	he BACI program throughou	t your high sch	ool years? Y	es No	
Do you intend to participate in t (Giving Back to My Community for BAC					
Do you have siblings who are a If yes, how many siblings are ap			mes?		
How do you heard about BACI Friend Current BACI Others (please specified):	Upward College Program? UCP Participant	Parents	BACI We	ebsite	BACI Facebook
Do you have your own transpor	tation or would your parents	be able to prov	ide it? Yes	No	



PARENT INFORMATION

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

Mother

Level of education: Did not finish high school Name High school diploma, no college Began college but did not complete Phone number where BACI can contact you Bachelors degree Masters degree or higher Email address Father Level of education: Did not finish high school Name High school diploma, no college Began college but did not complete Phone number where BACI can contact you Bachelors degree Masters degree or higher Email address 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, SUIE 200 Indianapolis, IN 46227 Or Email to: <u>upcollege@baci-indy.org</u>

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