WORENO       UPWARD BOUND/UPWARD BOUND MATH & SCIENCE PROGRAM         Pre -Screening Questionnaire       This form enables us to determine your eligibility to participate in the program.         Complete the Student and Parent/Guardian sections below and return to:       If you have questions, please contact the Upward Bound/Upward Bound Math & Science Program at (951) 233-3719 or micki.clowney@mvc.edu		
or (951) 23 STUDENT SECTION: (Print in black or blue i	5-6240 or <u>angel.orta-perez@mvc</u> <b>nk)</b> Year of US Graduation: 20_	
Last Name:	First Name:	MI:
Address:		
City:	State:	_ Zip Code:
Home Phone #:	Cell Phone #:	
School Email Address:	Other Email Address:_	
Residency: US Citizen SS#:	Permanent Resider	it I-555#:
Current math level: Integrated Math I Integrated	d Math II	alculus Calculus Other:
Current science level: Earth Science Biology	Chemistry	Dther:
After you graduate from high school, do you want to g	o to college? 🛛 Yes 🖾 No If no, do	you plan to: □work □military □other
PARENT/GUARDIAN SECTION: (Print in blac Mother/Gu	lardian	Father/Guardian
Occupation:		
Cell Phone #: E-Mail Address:	_	
5	4 1 o Yes	9 10 11 12 2 3 4 s o No A/BS o MA/MS o Doctorate
<ul> <li>Number of household members &amp; depende</li> <li>Did you file a Federal Income Tax Form for If yes, please indicate your family's ann</li> <li>Is your family receiving public assistance (T</li> <li>Is your child eligible for or does he/she part</li> </ul>	the past year? o Yes_o No ual_t <mark>axable income (LINE 15 1040</mark> ) ANF, Social Security, Disability, etc.) <sup>*</sup>	<mark>: \$</mark> ? o Yes o No
CERTIFICATION:	. certifv t	hat my responses on this form are accurate
<i>Print Parent/Guardian's First an</i> and complete to the best of my knowledge and that a understand that I may be requested to provide incom College Upward Bound or Upward Bound Math and	d Last Name any misrepresentation may be cause ne documentation if my son/daughter	for denial or cancellation of admission. I
Parent or Legal Guardian Signature :		Date:

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