234 Living and Learning, Burlington, VT 05405 Phone: (802) 656-7851 Fax: (802) 656-0055

Application Form

Student Name: _____ Gender: ☐ M ☐ F
(Last) (First) (Middle) Pronouns:_____

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: ____ /____ /_____ Age: _____ High School: _____ Grade: _____

Home Phone #: _____ Parent Cell #: _____ Student Cell #: _____

Parent Email: _____ Student Email: _____

VSAC Outreach: ☐ Yes ☐ No Social Security #: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Citizenship Status: ☐ US Citizen ☐ Permanent Resident ☐ Other: _____

Language(s) Spoken at Home: _____

Student lives with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Guardian ☐ Other: _____

Parent/Guardian Name: _____ Employer: _____

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Eligibility Information

Is the student a foster child? ☐ Yes* ☐ No
***If yes, you may stop here.** If accepted, you will need to provide proof of state custody.

Taxable Income, as reported on last year's Federal Income Tax Return (Form 1040, Line 10): _____
Total Number in Family (parents plus children): _____

Filing Status: ☐ Married, Filing Jointly ☐ Married, Filing Separately ☐ Single, Head of Household ☐ Other

Did either the natural or adoptive parent, with whom the student is now living, graduate from a four year college or university? ☐ Yes ☐ No

I certify that the information above is true and accurate as reported. I agree to provide supporting documents as requested.

Parent's / Guardian's Signature: _____ Date: _____

Please submit this form and the Transcript Release Form to your school counselor or Upward Bound.