CALIFORNIA STATE UNIVERSITY, LONG BEACH
UPWARD BOUND
PRE-SCREENING QUESTIONNAIRE (PSQ)
5500 Atherton Street, Suite #326 / Long Beach, CA 90815
Upward Bound is a non-profit organization that is federally funded by the U.S. Department of Education

PSQ Deadline: __________ UB Advisor: __________ Phone Number: __________

In order to determine your eligibility to participate in the Upward Bound, complete all sections below in BLUE or BLACK INK. Completed PSQ’s should be return to your school counselor or sent to the Upward Bound office via mail to the address above or FAXED to (562) 596.0273. If you have any questions contact the Upward Bound Advisor at the number below or (562) 596.0270.

STUDENT SECTION: School: ___________________________ Grade Level: 8 9 10 11 12 Overall GPA: _______

Name: _____________________________________________

Last                                               First              Middle

Address: ____________________________________________

Street & Apt #    City    Zip

Home Telephone: (______).________________________  Student’s Cellphone: (______).________________________

E-mail Address: _____________________________________

Student’s E-mail                  Parent/Guardian’s E-mail

Birth Date: __/__/____  Gender: □ Male   □ Female  Residency Status: □ US Citizen □ Permanent Resident

Ethnicity: (check all that apply)
□ American Indian / Alaskan Native  □ Latino / Hispanic  □ Caucasian /White  □ African American / Black
□ Asian  □ Native Hawaiian / Pacific Islander  □ Other (Specify)______________________________

Are you currently participating in any of these pre-college programs? (check all that apply)
□ Avid  □ Cal-SOAP  □ Gear-Up  □ Ed. Talent Search  □ UB Math & Science  □ Other: __________

PARENT / GUARDIAN INFORMATION

Mother’s Name: ____________________________________ (If guardian) Relationship to Student: __________________________

Highest level of education completed  □ 8th grade  □ High School  □ Associate’s Degree  □ Bachelor’s (or higher)

Father’s Name: ____________________________________ (If guardian) Relationship to Student: __________________________

Highest level of education completed  □ 8th grade  □ High School  □ Associate’s Degree  □ Bachelor’s (or higher)

INCOME INFORMATION

1. Number of people living in your household: __________

2. Is your family receiving public assistance: □ Free / Reduced Lunch □ TANF □ Food Stamps □ Medi-Cal
□ Social Security □ Unemployment □ Disability □ Cal-Works □ Other (specify):________________________

3. Taxable income range (See line 43 on Form 1040, line 27 on 1040 A, line 6 on 1040 EZ)
□ $16,245 or below  □ $16,246 - $21,855  □ $21,856 - $27,465
□ $27,466 - $33,075  □ $33,076 - $38,685  □ $38,686 - $44,295
□ $44,296 - $49,905  □ $49,906 - $55,515  □ $55,516 or greater

I certify that the information provided on this pre-screening questionnaire is true to the best of my knowledge and that any misrepresentation may be cause for denial or cancellation of admission.

Student’s Signature                                     Date

Office Use ONLY: □ LI □ FG □ AR □ Eligible □ Ineligible  UBP-PSQ10.15