



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) 985.7648. If you have any questions contact the Upward Bound Advisor at the number below or (562) 985.5520.

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
M D Y

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