

STUDENT'S LAST NAME: _____ FIRST NAME: _____

STEP 6 • Custodial Parent/Guardian

You must answer the questions in **STEP 6** if you are at least 24 years old or you answered YES to any of the questions in **STEP 5**.
Your parent(s) must answer the questions in **STEP 6** if you are less than 24 years old and you answered NO to all of the questions in **STEP 5**.

Mother: **I did** **I did not** graduate from a 4-year college in the U.S. **Father:** **I did** **I did not** graduate from a 4-year college in the U.S.
I live in an area that is primarily low income. Yes No

What is the total number of persons in your taxable household? _____

Please select one of the following boxes:

Household taxable (not total) income from the last calendar year was

\$,

Note: Your taxable income can be found on the Federal income tax return you filed for the last calendar year. On IRS form 1040, see line 42. On IRS form 1040A, see line 27. On IRS form 1040EZ, see line 6. On IRS Telefile, see line K1.

I attest that my household did not file a Federal income tax return for the last calendar year. Household income was

\$,

I attest that my household had no taxable income for the last calendar year.

By signing below, I certify that all of the information on this application and any attached documents are true and complete to the best of my knowledge. I give permission for the Columbia University Double Discovery Center (DDC) to consult and/or refer my child to a professional counselor when such counseling is deemed by the Center to be appropriate and to obtain full access to my child's academic records from school or the Department of Education to help my child with both academic and college preparation. I also give permission to DDC to use my child's name and image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission, exhibition, or reproduction made by or on behalf of the Columbia University DDC for promotion, illustration, or advertising of the DDC. I authorize the release of official high school and college records to the Double Discovery Center. I understand that the information in these records will be used only to assess the student's need for program services, discern his/her educational progress, evaluate the effectiveness of program activities and fulfill program reporting requirements.

STUDENT/PARTICIPANT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

A parent's signature is required if applicant is less than 24 years old and answered NO to all of the questions in STEP 5.

FOR OFFICE USE ONLY

The 20__ Federal TRiO Programs low-income level for a family unit with ____ members is \$ _____.

Approval Recommended Approval Recommended Approved

Not Recommended for Approval Not Recommended for Approval Not Approved

Reason: Reason: Reason:

Counselor (NAME) Assistant Director (NAME) Executive Director (NAME)

Counselor (SIGNATURE) Assistant Director (SIGNATURE) Executive Director (SIGNATURE)

Eligibility: Low Income First Generation Other _____

Program: Upward Bound Talent Search EII (MIDDLE SCHOOL) Other _____

Highest grade level completed by the Applicant at time of entry into Project: 6 7 8 9 10 11 12

Applicant's grade level at time of entry into Project: 6 7 8 9 10 11 12 Other

Does the Applicant have potential for a program of post-secondary education or the ability to complete such a program? Yes No

Is the Applicant currently enrolled in a program of post-secondary education? Yes No

Does the Applicant have limited English proficiency? Yes No

Primary reason student needs Project Services: _____

Secondary reason student needs Project Services: _____

Counselor (INITIAL) _____ Assistant Director (INITIAL) _____ Executive Director (INITIAL) _____

STUDENT'S LAST NAME: _____ FIRST NAME: _____

Assessment : _____

What three careers interest you the most? (For example: Physician, Firefighter, or Lawyer.)

1. _____ 2. _____ 3. _____

Do you plan to go to college? (College can mean a community college or trade school) Yes NO I DO NOT KNOW

Please check all of the statements that apply to you.

- I don't know why I should go to college. I need information about the benefits of going to college and earning a degree or certificate.
- I need information about how to get ready for college.
- I need information about how I can pay for college.
- I need help choosing middle-school and/or high school courses that will get me ready for college.
- I need help choosing college preparatory courses.
- I need help completing college admission applications.
- I need help preparing for college entrance examinations
- I need guidance on how to re-enter high school and earn a diploma or G.E.D.
- I need counseling to help me better understand the career options available to me.
- I need tutoring in: _____
- I need to visit college campuses.
- My parents need workshops and counseling to help them better understand the process of preparing for college.
- I need a mentor to guide and encourage me as I prepare for college.
- I currently have a low grade point average in math and/or English.
If yes, please check one: Math English.
- I currently have low standardized test scores. If yes, which test: PSAT SAT NYS Regents Citywide Exam Other _____
- I do not feel that I have high goals and aspirations.
- I do not have the opportunity, support and /or guidance to take hard courses such as AP courses.
- I do not get information on career possibilities.
- I have limited English skills. If yes, please explain: _____
- I have a learning disability. If yes, what is the disability: _____
- I would like to have a career in math, science, or engineering.
- I attend a transfer or alternative high school.
- I do not have anyone who thinks that I should go to college.
- I feel my high school lacks adequate support services. If yes, explain: _____
- I am interested in attending workshops on financial aid.

INSTRUCTIONS

1. Applicants must live or attend school in the Borough of Manhattan
2. Applicants are encouraged to provide the following two documents with their completed application:

Document 1:

A copy of the parent or guardian's most recent signed Federal Income Tax Return-Form 1040 (pages 1-2) with the applicant declared as a dependent or a public assistance budget letter.

Document 2:

A copy of the student's most recent Report Card or Transcript with numerical grades.

Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 1998
 For the year Jan. 1-Dec. 31, 1998, or other lay-year beginning 1998 ending 1998

Label (See instructions on page 1b)
 Use the IRS label. Otherwise, please print or type:
 Your first name and initial Last name Your social security number
 If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 1b.
 City, town or post office, state, and ZIP code. If you have a foreign address, see page 1b.

Filing Status
 1 Single
 2 Married filing jointly (see instructions for filing jointly)
 3 Married filing separately (see instructions for filing separately)
 4 Head of household (see instructions for head of household)
 5 Qualifying widow(er) with dependent child (see instructions for qualifying widow(er) with dependent child)

Exemptions
 6a You, your spouse, or your dependent (or so many other dependents as you can claim) are eligible for the tax credit for dependents. If you are claiming the credit, do not check box 6a.
 b Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If a qualifying child, enter child's name (see page 1b) (5) If not with you, do not file with you (see instructions for dependent on file)

HIGH SCHOOL NAME
GRADE REPORT

DATE: _____

NAME: STUDENT'S FULL NAME CODE L3S SEC 01
 ID 57257745329800078 OFFCL 1808 RM 240

TERM 2 ENDING 06/04/00 A T T E N D A N C E
 MKPD 2 ENDING 04/30 S 2
 OFF TCHR ABSENT 00 00
 GR ADV LVL 09 00 00

CODE	SEC	SUBJECT	TEACHER	GRADE	CLASS
L3S	01	ENGLISH	SMITH	G	85
H2C	04	HISTORY	PETERSON	S	70
SB13	01	SCIENCE	BROWN	E	85
*PHE8	03	P.E.	JOHNSON	E	90
B1NY	03	MATH	KELLY	E	90
FL45	05	SPANISH	HERNANDEZ	S	75
SB13	01	MUSIC	BEETHOVEN	G	85

* DENOTES NOT AVERAGED
 AVERAGE 81.67

3. Off Campus/Community Outreach and High School Services

(College Admission and Financial Aid Workshops offered at target high schools and other related community based organizations)
 Applications for the outreach program are reviewed immediately upon submission to DDC.

On Campus/Community Outreach and High School Services

(These services are held on a monthly basis and include such services as tours, workshops, and individual sessions.)
 Students who wish to participate in the DDC programs and services held on the Columbia University campus must submit their applications along with their family income information verification and transcripts. Applications are reviewed upon submission.

Semester Long and Summer Programs

Students who wish to participate in the DDC Semester Long and Summer College and Career Enhancement (CACE) Programs and Services held on the Columbia University campus must submit their application, family income information, and transcripts by the following dates:

- Fall (October-December) – September 1
- Spring (February-April) – January 1
- Summer (July-August) – May 15

