

STUDENT

I hereby certify that to the best of my knowledge, the information provided in the application is true and complete. I understand that if it is found to be otherwise, it is sufficient cause for denial of admission.

Student Signature

Date

Section 1 - Student Information

Student Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____
Month Day Year

Home Address: _____
Street Address

Telephone: _____
Home Phone Cell Phone

E-mail Address: _____

Do you have a part-time job? No Yes. If yes, what is it? _____

DHS Student Number: _____

School Counselor: _____

Two Teacher Names/Email: _____

Do you have an Individualized Education Plan (IEP)? No Yes. If yes, please attach a recent copy including the most recent review.



KISHWAKEE COLLEGE

UPWARD BOUND

STUDENT APPLICATION

This information is required for consideration of your application.

Ethnic Background

Are you Hispanic or Latino? Yes No

Check one or more of the following race/ethnicity Maroon

American Indian Black/African American

Native Hawaiian

Is English your native language? Yes No

If no, please list your native language:

Are you a U.S. citizen? Yes No

If not, are you a Permanent Resident of the U.S., or have you applied for citizenship?

If yes, please attach a copy of your certificate of citizenship.

Are you interested in participating in the college's academic support academy program with the College of Business?



TRIO UPWARD BOUND

Section 1 - Parent/Guardian Information

Parent Name: _____ Last First Middle

Child's Name: _____

Parent Email: _____ Parent Cell Phone: _____

Employer and Occupation (if unemployed, please put "unemployed" or "retired"):

Name of Parent/Guardian #1 (living in household):

Has Parent/Guardian #1 completed a bachelor's degree?

- Yes
No

Name of Parent/Guardian #2:

Has Parent/Guardian #2 completed a bachelor's degree?

- Yes
No

Section 2 - Household/Financial Information

Who does the student live with?

- Mother only
Father only
Mother and Father
Other: _____

Number of family members in your household (including _____)

What was your family's taxable income for the preceding year? Taxable income is found on line 15 of the 1040 or 1040-E individual income tax return. Taxable income is usually lower than your total income or adjusted gross income. _____

In the previous 12 months at any time did you receive a scholarship, grant, or financial aid (e.g., Voucher, etc.)?

- Yes, if so which one? _____
No



PARENT QUESTIONNAIRE

1. What are your expectations of the Upward Bound program?

2. What are your child's strengths?

3. Are there any issues that have affected your child's academic progress? If yes, please explain.

4. Will you be able to provide your child transportation to and from DIB for tutoring sessions and enrichments?

5. What do you feel will be the biggest obstacle for your child to attend college?

I hereby certify that this is a true and complete.

Signature

Date

**Consent to Disclosure of School Student Records and Other Information
Including Mental Health Records**

Student's name: _____ Date of Birth: _____

I hereby grant my consent for Dekalb County Unit School District No. 428 (the "District") and its Board, administrators, employees, attorneys, and other personnel to disclose to the recipient the records and all of the information set forth below to the recipient identified below.

Recipient: Kishwaukee College- Trio _____

Permission to Text? Y N

Information that may be Disclosed:

1. The complete student record of and any other student information for _____ ("Student"), including but not limited to any documents created by the District pursuant to the *Illinois School Student Records Act, 24 ILCS 241/1-10*, et seq.
2. Individualized Education Plan (IEP) and 504 Plan, including the notes which may contain mental health records under the *Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/1*, et seq.

The purpose for this disclosure is for Kishwaukee College- Trio. With my consent, these records will not be released to the recipient and I understand the consequences. This consent is valid until _____ (insert student's graduation date) or until revoked at any time in writing.

I also understand that I have the right to inspect and correct information to be disclosed pursuant to this consent.

Parent/Guardian Signature: _____

Witness: _____ Date: _____

Student Signature: _____

Witness: _____ Date: _____

Note: If the student is under age 12, only the parent's signature is required. If the student is incapacitated by a court, the guardian's signature is required.

2022-2023 Academic and Summer Component
Permission Slip/Approval Form

Dear Parent/Guardian:

This permission slip gives you permission to include your daughter/son in Upward Bound program activities starting this year. The Upward Bound Program will provide many cultural and educational opportunities during the Summer Component of the program. We understand that in order to develop these opportunities must be offered in many areas of concentration, such as attending workshops, attending work

Your signature on the form below will provide your son/daughter with the opportunity to attend activities provided by the Kishwaukee Community College TRIO Upward Bound Program.

You will be notified by email (parent/guardian, department, and central office) when the program is open for registration.

Sincerely,

Phylcia Hampton, J SW
Director, TRIO Upward Bound
Student Services

I give permission for _____ (student's name), _____, to attend cultural and educational activities.

Parent/Guardian Signature _____

Date _____

Request for Taxpayer Identification Number and Certification

Give this form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business or other entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one box. If this U.S. Form applies to certain entities, not individuals; see instructions on page 3:

Individual: Sole proprietor or single member LLC C Corporation S Corporation Partnership Trust/estate Exempt payee

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, etc.)

Note: Check the appropriate box in the line above for the tax classification of the LLC if the LLC is classified as a single-member LLC that is disregarded for federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should be treated as a partnership. (Applies to trusts maintained outside the U.S.)

Other (see instructions)

4 Address (number, street, and apt. or care of)

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6 City, state, and ZIP code

7 List account numbers

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the TIN on your tax return. If you have never been assigned a TIN, contact the IRS or the appropriate tax authority in your country. If you are a resident alien, sole proprietor, or disregarded entity, see the instructions for this form. If you are an individual, it is your employer identification number (EIN), later, or your Social Security number (SSN). If you are a partnership, it is your EIN, later, or your SSN. If you are a trust, it is your EIN, later, or your SSN. If you are a corporation, it is your EIN, later, or your SSN. If you are a partnership, it is your EIN, later, or your SSN. If you are a trust, it is your EIN, later, or your SSN. If you are a corporation, it is your EIN, later, or your SSN.

Note: If the account is in more than one name, see the instructions for this form for how to enter the EIN, later, or SSN.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number).
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding; and
- I am a U.S. citizen or other U.S. resident alien.
- The FATCA code(s) entered on this form, if any, are correct.

Certification: If you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of indebtedness, contributions to an individual retirement account, or other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section 6040A(c) applies to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form W-9. An individual, partnership, trust, or estate that provides information to a requester must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or EIN. If you are a resident alien, to provide your correct TIN. If you do not return Form W-9, you may be subject to backup withholding. See the instructions for more information.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (miscellaneous income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund transactions by brokers)
- Form 1099-C (proceeds from real estate transactions)
- Form 1099-INT (interest)
- Form 1099-NEC (non-employee compensation)
- Form 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)