Arkansas Baptist Pre-Qualification Form

Student Information **Today's Date:_____**

Last Name:	First Name:	Middle Name:	D.O.B:	Phone Number:
Address:		City:	State:	Zip code:
High School/Middle School: ☐ **NLRMS** ☐ **NLRHS** ☐ **JMS** ☐ **JHS**		Grade ☐ 8th ☐ 9th ☐10th ☐11th ☐12th	Gender ☐Male ☐Female	Current GPA
Email Address:				

Parent/Guardian Information

Father/Male Guardian		**Mother/Female Guardian**	
Last Name:	**First Name:**	**Last Name:**	**First Name:**
Highest Level of Educations Completed: ____ Elementary School (K-5) ____ Middle School (6-8) ____ High School (9-12) ____ Associate's Degree ____ Bachelor's Degree ____ Master's Degree ____ Doctorate Degree		**Highest Level of Educations Completed:** ____ Elementary School (K-5) ____ Middle School (6-8) ____ High School (9-12) ____ Associate's Degree ____ Bachelor's Degree ____ Master's Degree ____ Doctorate Degree	
Phone Number:		**Phone Number:**	

Marital Status: ____ **Married** ____ **Divorced** ____ **Separated** ____ **Unmarried** ____ **Widowed** ____ **Other**

Parent's Occupation

Father/Male Guardian Occupation	**Mother/Female Guardian Occupation**
Title:	**Title:**
Company:	**Company:**
Work Number:	**Work Number:**

Parent/Guardian(s): taxable income (see line 42 of Form 1040. Line 27 of, 1040A or line 6 of 200 1040EZ) $_____
If income is $0 in household please explain: _____
Number of people in house hold: Adults (18+) _____ Children _____

I certify by signing below that the above information is correct and that or misleading information may result in disqualification of the application.

Parent/Guardian's Signature: _____

Permission to Release Information

for_____

Student's Name (Please Print)

I authorize Arkansas Baptist College Upward Bound Program and _____High School to release and/or receive copies of my son's/daughter's academic records, including, but not limited to transcripts, grade reports, test scores, evaluations, attendance, medical records, disciplinary actions, and other records necessary for participation in the program. This information may be used for any federal reports of the Upward Bound program. Otherwise, these records will remain confidential and will only be used by the Upward Bound staff. This release is to be effective throughout his/her high school and college career, and will be terminated only upon college graduation or termination from the Upward Bound program.

_____ Date: _____

Student Signature

_____ Date: _____

Parent/Guardian Signature