

# **Attachment 4**

## **Eligible Student Selection Form**

## ELIGIBLE STUDENT SELECTION FORM

1) Applicant's name: Last <input style="width: 100%; height: 15px;" type="text"/> First <input style="width: 100%; height: 15px;" type="text"/> Middle Initial <input style="width: 50px; height: 15px;" type="text"/>	
<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto; text-align: center; font-size: 8px;">[ID #]</div>	5-digit ID number from Consent Form: <input style="width: 100%; height: 15px;" type="text"/>
2) Current date: Month <input style="width: 30px; height: 15px;" type="text"/> Day <input style="width: 30px; height: 15px;" type="text"/> Year 20  <input style="width: 30px; height: 15px;" type="text"/>	3) Expected date of program entry if selected: Month <input style="width: 30px; height: 15px;" type="text"/> Day <input style="width: 30px; height: 15px;" type="text"/> Year 20  <input style="width: 30px; height: 15px;" type="text"/>
4) Applicant's address: Number and Street <input style="width: 100%; height: 15px;" type="text"/> Apartment number: <input style="width: 100%; height: 15px;" type="text"/> City <input style="width: 100%; height: 15px;" type="text"/> State: <input style="width: 30px; height: 15px;" type="text"/> Zip code: <input style="width: 100%; height: 15px;" type="text"/> Telephone: ( <input style="width: 30px; height: 15px;" type="text"/> ) <input style="width: 30px; height: 15px;" type="text"/> - <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <div style="text-align: center; font-size: 8px;">(area code)</div>	
5) Social Security Number: <input style="width: 100%; height: 15px;" type="text"/>	6) Date of birth: Month <input style="width: 30px; height: 15px;" type="text"/> Day <input style="width: 30px; height: 15px;" type="text"/> Year 19  <input style="width: 30px; height: 15px;" type="text"/>
7) 2007–2008 school year: Name of school <input style="width: 100%; height: 15px;" type="text"/> City of school <input style="width: 100%; height: 15px;" type="text"/> State: <input style="width: 30px; height: 15px;" type="text"/> Grade level <input style="width: 30px; height: 15px;" type="text"/>	
8) Program eligibility:	
Family income is at or below 150 percent of poverty level	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> Don't Know
Potential first generation college student	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> Don't Know
Student has completed 10 <sup>th</sup> grade	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
9) Higher-risk status:	
Student has completed 9 <sup>th</sup> grade	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
8 <sup>th</sup> grade proficiency in reading/language arts	<input type="checkbox"/> <sub>1</sub> Proficient <input type="checkbox"/> <sub>2</sub> Not proficient <input type="checkbox"/> <sub>3</sub> Don't Know
8 <sup>th</sup> grade proficiency in mathematics	<input type="checkbox"/> <sub>1</sub> Proficient <input type="checkbox"/> <sub>2</sub> Not proficient <input type="checkbox"/> <sub>3</sub> Don't Know
8 <sup>th</sup> grade mathematics class	<input type="checkbox"/> <sub>1</sub> Pre-algebra or higher <input type="checkbox"/> <sub>3</sub> Don't Know <input type="checkbox"/> <sub>2</sub> Lower than pre-algebra
Grade point average in most recent completed school year	<input type="checkbox"/> <sub>1</sub> Above 2.5 <input type="checkbox"/> <sub>3</sub> Don't Know <input type="checkbox"/> <sub>2</sub> 2.5 or less
10) Does the applicant have any siblings currently enrolled in Upward Bound? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	
11) Student Selection Rating:	
<input type="checkbox"/> <sub>1</sub> More likely to select in the absence of random assignment	
<input type="checkbox"/> <sub>2</sub> Less likely to select in the absence of random assignment	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection will be entered after clearance. The time required to complete this information collection is estimated to average 15 minutes per response per student, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.