



**Senior Checklist & Signature Page**  
 Upward Bound  
 Clatsop Community College  
 Astoria, OR 97103 • 503-338-2370



Name \_\_\_\_\_ Graduation year \_\_\_\_\_

School \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Student's permanent (not high school) email: \_\_\_\_\_

**APPLICATIONS**

I, \_\_\_\_\_, have applied to the following  
 (Sign your name.)  
 two-year colleges and/or four-year colleges, apprenticeships, or certificate programs:

College/program name	Date of application (month/year)	Accepted	Attending
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**FINANCIAL AID**

Date you submitted your FAFSA (Free Application for Federal Student Aid): \_\_\_\_\_  
 (date)

I submitted application(s) for these scholarships:  
 \_\_\_ OSAC \_\_\_ Scholarships, Inc \_\_\_ Local organization/agency  
 \_\_\_ Institutional scholarship(s) from the college(s) I may attend \_\_\_ Other

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AFTER GRADUATION**

- Upward Bound services are available to high school graduates through their enrollment in a postsecondary program. Don't hesitate to call us if you have questions over the summer!
- Upward Bound staff would like to keep in touch with you for possible follow-up and to help as needed with your future plans.

Please list contact information for two people (other than your parents/guardians) who are most likely to know how to contact you in the future:

1. Name of contact person: \_\_\_\_\_  
Phone/cell numbers: \_\_\_\_\_  
Email address: \_\_\_\_\_
2. Name of contact person: \_\_\_\_\_  
Phone/cell numbers: \_\_\_\_\_  
Email address: \_\_\_\_\_

**PERMISSION FOR RELEASE OF INFORMATION**

Because our U.S. Department of Education grant requires us to verify Upward Bound students' college enrollments, we ask you to sign this release of information to enable us to obtain this information.

I give my permission for the release of my student records and documents as needed. Such records may include college admission or enrollment verification, transcripts, and test scores. This information will be used for Upward Bound purposes only and will be held in the strictest confidence.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Social Security number