



Student Application

Name: _____

Address: _____

City, Zip Code: _____

Cell Number: _____

Phone Number: _____

School: _____

Please mark (✓)

Grade Level: 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐

Male ☐ Female ☐

Please fill out application in black or blue ink ONLY

***This application is for the
Madera Upward Bound Program and the
Madera Upward Bound Math and Science Program***

Madera Center Upward Bound - R-2A

30277 Avenue 12 | Madera CA 93638

Madera Office: (559) 675-4800 | Reedley Office: (559) 637-2535 | Fax (800) 643-0821

SECTION A		
STUDENT INFORMATION		
<i>(Please fill out in black or Blue Ink)</i>		
Student Name:		
(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)
Home Address:		
(NUMBER)	(STREET)	(CITY) (ZIP CODE)
Home Phone:	Cell Phone:	Other Phone:
(XXX) XXX - XXXX	(XXX) XXX - XXXX	(XXX) XXX - XXXX
E-Mail Address:		
Date of birth:	Place of birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female
MONTH / DAY / YEAR	CITY / STATE	
Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	If not a U.S. Citizen, are you a Resident Alien? <input type="radio"/> Yes <input type="radio"/> No	
If Resident, please enter Alien Registration Number:	A	
Note: You must be a US Citizen or legal resident of the United States in order to participate and receive services from Upward Bound. If you are not a U.S. Citizen, enter your Alien Registration Number. If your number is only eight digits, enter a zero after "A" above.		
Social Security Number:		
Please enter your 8 digit social security number above.		
SCHOOL INFORMATION		
Current School Name:	School ID#:	
Grade: <input type="radio"/> 8 th <input type="radio"/> 9 th <input type="radio"/> 10 th <input type="radio"/> 11 th <input type="radio"/> 12 th	G.P.A.:	
If you are an 8 th Grader, name of High School you plan to attend:		
School Counselor's Name:		
Your Educational Plans:	<input type="radio"/> I PLAN TO GO TO WORK FULL TIME	
Check the one that best describes your plans after High School.	<input type="radio"/> I PLAN TO ENTER THE MILITARY SERVICE	
	<input type="radio"/> I WANT TO ENROLL AND COMPLETE A TWO YEAR COLLEGE DEGREE	
	<input type="radio"/> I WANT TO ENROLL AND COMPLETE A COMMUNITY COLLEGE DEGREE AND TRANSFER TO A FOUR YEAR COLLEGE	
	<input type="radio"/> I WANT TO ENROLL AND COMPLETE A FOUR YEAR COLLEGE DEGREE	
	<input type="radio"/> I AM UNDECIDED	
STUDENT SIGNATURE:		DATE:

STUDENT NAME:

SECTION B

PARENT INFORMATION

TO BE COMPLETED BY THE STUDENT'S PARENT OR GUARDIAN:

PERSONAL INFORMATION YOU GIVE TO THE UPWARD BOUND DIRECTOR IS SENT TO THE FEDERAL GOVERNMENT. INFORMATION IS PROTECTED BY THE PRIVACY ACT. NO ONE MAY SEE INFORMATION UNLESS THEY WORK WITH OR FOR THE UPWARD BOUND PROGRAM OR ARE SPECIFICALLY AUTHORIZED. THIS INFORMATION IS NECESSARY TO DETERMINE IF YOUR CHILD IS ELIGIBLE TO PARTICIPATE IN THE UPWARD BOUND PROGRAM AND ASSISTS THE GOVERNMENT TO MEASURE HIS/HER SUCCESS. THE U.S. OFFICE OF EDUCATION HAS THE AUTHORITY TO GATHER SUCH INFORMATION (20 USC 1231A).

Father's Name:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

Occupation:

(Job title, profession, work, etc.)

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Please select one, if other, please specify what language.

Home Phone:

(XXX) XXX - XXXX

Cell Phone:

(XXX) XXX - XXXX

Other Phone:

(XXX) XXX - XXXX

E-Mail Address:

Do you have a Bachelor's degree or higher? ☐ Yes ☐ No

If yes, what Degree?

Mother's Name:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

Occupation:

(Job title, profession, work, etc.)

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Please select one, if other, please specify what language.

Home Phone:

(XXX) XXX - XXXX

Cell Phone:

(XXX) XXX - XXXX

Other Phone:

(XXX) XXX - XXXX

E-Mail Address:

Do you have a Bachelor's degree or higher? ☐ Yes ☐ No

If yes, what Degree?

If neither, name of legal guardian:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

Occupation:

(Job title, profession, work, etc.)

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Please select one, if other, please specify what language.

Home Phone:

(XXX) XXX - XXXX

Cell Phone:

(XXX) XXX - XXXX

Other Phone:

(XXX) XXX - XXXX

E-Mail Address:

Do you have a Bachelor's degree or higher? ☐ Yes ☐ No

If yes, what Degree?

Did you file an income tax return this year? ☐ Yes ☐ No

If yes, please attach a **signed** copy of the first 2 pages of your 1040A or 1040 income tax return for **2015 or 2016** to this application.

PARENT CONSENT

I, the undersigned, declare under penalty of perjury that all information reported on this application is true to the best of my knowledge. My child, the applicant, has my permission to participate in services, activities, and field trips planned and supervised by the Reedley College Upward Bound Programs.

PARENT/LEGAL GUARDIAN SIGNATURE:

DATE:

SECTION C
RELEASE OF LIABILITY
State Center community College District
WAIVER, RELEASE, AND INDEMINITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY ACTIVITY

Participant: _____

Description of Activity: **Madera Center Upward Bound Activities & Field Trips**

Date (s) of Activity: _____

By my signature below, I realize that this activity is voluntary. I understand that this activity could cause serious illness and/or injury and I assume all risks for any such illness and/or injury. For, and in consideration of, participation in the activity described above, the undersigned hereby voluntarily releases, discharges, waives, and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage, or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge, and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate and agrees that under no circumstances will he/she or his/her heirs, executors, administrators, and assigns prosecute, present any claim for personal injury, bodily injury, property damage, or wrongful death against State Center Community College District (SCCCD) or any of its officers, agents, volunteers, or employees for any of said causes of action, whether the same shall arise by the negligence of any said persons or otherwise.

I fully understand that participants are to abide by all rules and regulations governing conduct during this activity. Any violation of these rules and regulations may result in that individual not being allowed to participate in the activity.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury as stated, and expressly acknowledges their intention, by executing this instrument to exempt and relieve the, its officers, agents, volunteers SCCC and employees from any and all liability for personal injury, bodily injury, property damage, or wrongful death that may arise out of or in any way be connected with the above-described activity. **I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.**

Participant Signature (parent/guardian if minor)

Participant Name (Please Print)

Date

Telephone Number

Street Address

City

State

Zip Code

SECTION D: INSTRUCTOR RECOMMENDATION FORM

Student Name _____ Instructor Name _____

INSTRUCTIONS TO MATH OR SCIENCE INSTRUCTOR

This identifies a potential college student who may benefit from receiving information in higher education and careers provided by **Madera Community College Center Upward Bound Program**. This does not commit the nominating agency to any legal responsibility or liability.

Please complete the following items as accurately as possible. If your relationship with the applicant does not allow you to make an evaluation of any item please indicate "N/A" or not applicable. Please understand that this document may be made available for inspection at the student's request, pursuant to the Family and Educational Rights and Privacy Act and release regulations.

1. How long have you known the applicant? _____. Under what circumstance?

2. Based on your knowledge of the applicant, check his/her academic skills and potential to succeed in high school.

	Outstanding	Above Average	Average	Needs Improvement
Academic Achievement				
Writing Skills				
Reading Skills				
Math Skills				
Academic Potential in Math & Science				

3. What qualities come to mind that best describes the applicant?

4. To the best of your knowledge, does this applicant have a historically disadvantaged background (i.e., low-income for several years, first generation college student, inner-city or migrant family)? Yes _____ No _____ N/A _____

5. What services or assistance does the student need to help him/her succeed in high school? (e.g., tutoring, career counseling, college information)

6. Are you aware of any current circumstances or problems which might affect the applicant's performance in high school (e.g., financial background, family responsibilities, educational preparation, and health)?

Instructor Signature: _____

Date: _____

SECTION E: COUNSELOR RECOMMENDATION FORM

Student Name _____ Counselor Name _____

INSTRUCTIONS TO COUNSELOR

This identifies a potential college student who may benefit from receiving information in higher education and careers provided by **Madera Community College Center Upward Bound Program**. This does not commit the nominating agency to any legal responsibility or liability.

Please complete the following items as accurately as possible. If your relationship with the applicant does not allow you to make an evaluation of any item please indicate "N/A" or not applicable. Please understand that this document may be made available for inspection at the student's request, pursuant to the Family and Educational Rights and Privacy Act and release regulations.

1. How long have you known the applicant? _____. Under what circumstance?

2. Based on your knowledge of the applicant's grades or performance in class, check how you rate his/her academic skills and potential to succeed in high school.

	Outstanding	Above Average	Average	Needs Improvement
Academic Achievement				
Writing Skills				
Reading Skills				
Math Skills				
Academic Potential in Math & Science				

3. What qualities come to mind that best describes the applicant?

4. To the best of your knowledge, does this applicant have a historically disadvantaged background (i.e., low-income for several years, first generation college student, inner-city or migrant family)? Yes _____ No _____ N/A _____

5. What services or assistance does the student need to help him/her succeed in high school? (e.g., tutoring, career counseling, college information)

6. Are you aware of any current circumstances or problems which might affect the applicant's performance in high school (e.g., financial background, family responsibilities, educational preparation, and health)?

Counselor Signature: _____ Date: _____

Please attach a copy of student high school transcript

PERSONAL ESSAY

Student Name: _____

Please write an essay addressing all of the following questions. If typed, your essay should be a minimum of one page, double spaced, and size 12 font. If handwritten, your essay must be legible and minimum of two pages long attached to the application.

Answer the following:

1. Tell us about a challenging experience that you have encountered and how did you overcome it?
2. What is your favorite subject? Explain why it's your favorite.
3. What qualities make you a good candidate for the Upward Bound Program?
4. What are your plans for the future; college and career plans?

[illegible]

SECTION G
UPWARD BOUND PROGRAM

RELEASE OF SCHOOL RECORDS

I authorize the **Madera Community College Center Upward Bound Program** to access and/or receive copies of my student's academic transcripts, progress reports, assessment reports (CST, SAT, ACT, PSAT), and any other academic information and test results necessary to complete the program's application and reporting process. I also grant permission to the Upward Bound Program to obtain this and any necessary academic information in the event that we move or transfer to another school.

Student Name

School ID Number

Student Signature

Date

Parent Signature

Date

SECTION H
UPWARD BOUND PROGRAM

CONSENT FORM

As part of the Upward Bound Program and its curriculum, there will be activities and services available to my child.

Advising can take the form of individual/group meetings, presentations, guest speakers, educational films/videos (up to PG-13), or interactive activities, comprehensive sexual health education, teen pregnancy, and HIV/AIDS prevention education which may require expression of feelings and sharing opinions.

I understand that as the parent/guardian, I have the right to expect the following:

1. The advising services my child receives are free and participation is voluntary.
2. I may ask the advisor or Upward Bound staff about the methods being used in order to better understand what to expect.
3. Upward Bound staff is required to report any child abuse to the proper authorities, such as: neglect, physical, emotional, and/or sexual abuse, or when the student discloses information that may cause harm to self or others.

By signing, I authorize my child to participate in the activities mentioned above.

Parent/Legal Guardian Signature: _____ **Date:** _____

Student Name: _____

STUDENT MEDICAL RECORD

Student Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Physician: _____ Address: _____

Phone: _____ Insurance: _____

Does your child have any allergies? (food, drug, insect, latex, or other) ☐ Yes ☐ No

If yes, please name allergies _____

Is your child taking any type of medication, prescription or over the counter? ☐ Yes ☐ No

If yes, please list medication (s) _____

Is it necessary to take the medication at school? ☐ Yes ☐ No

- In order to be administered in school, all prescription medication must be in the original container and be accompanied by signed instructions by the physician and parent.
- It is suggested that student who must use an inhaler for asthma leave an extra inhaler with the school nurse, in case of emergency.

Does your child have any disabilities or special medical needs? ☐ Yes ☐ No

If yes, please state the disability and limitations on activities: _____

Does your child suffer from anxiety, depression or any other illness? ☐ Yes ☐ No

If yes, please state the illness: _____

Does your child have any of the following medical conditions? (Check only those that apply)

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Frequent Stomach Aches | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Neurological Problems |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Under Psychiatric Care |

Student Name: _____

Non-prescription medications and basic first aid applications

Non-prescription medication, including basic first aid applications, can only be given to your child with your permission. In order for us to best serve your child in the case of emergency and routine care, we ask that you sign below, authorizing our school nurse to administer the listed over the counter medications:

My student may receive the following medications when appropriate:

- | | | |
|---|------------------------------|-----------------------------|
| ♦ Allergy Medicine (Claritin, Allegra) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ♦ Tylenol/Acetaminophen 650 mg by mouth | | |
| every 4-6 hour as needed for headache, pain, fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ♦ Advil/Ibuprofen 400 mg by mouth every 4-6 hours | | |
| as needed for headache, pain, or cramps | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ♦ Tums | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ♦ Pepto Bismol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ♦ Cough drops | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ♦ Dramamine/motion sickness relief | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ♦ For itching/rash, cuts/abrasions, the following may be applied to the skin: | | |
| Hydrocortison Cream 1% | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Neosporin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blistex | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bacitracin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Calamine Clear | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sting-kill | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

.....
EMERGENCY CONTACTS

In an emergency which requires immediate attention, Reedley College is authorized to take whatever steps are necessary to ensure the health and safety of my child. (MUST NOTIFY UPWARD BOUND OFFICE IN CASE OF PHONE NUMBER CHANGE)

In case of EMERGENCY, please notify:

- | | | | |
|----|-----------------------------|------------------------|----------------------|
| 1. | _____ | | |
| | <i>Parent(s) / Guardian</i> | <i>Cell/Home Phone</i> | <i>Work Phone</i> |
| 2. | _____ | | |
| | <i>Other Relative</i> | <i>Relationship</i> | <i>Contact Phone</i> |
| 3. | _____ | | |
| | <i>Other Relative</i> | <i>Relationship</i> | <i>Contact Phone</i> |
| 4. | _____ | | |
| | <i>Other Relative</i> | <i>Relationship</i> | <i>Contact Phone</i> |

The program, the college, and the employees of Upward Bound are released by me from claims against them arising from injuries which might occur in route to/at/from the destination.

Signature of Parent/Guardian

Date:

PHOTOGRAPH RELEASE

Student's Name: _____ Date: _____

Project Title: Upward Bound Program

I hereby grant to Madera Community College Center, their nominees, designees, successors, and assigns of those for whom they are acting, full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use, or publish photographic reproductions, portraits, or pictures of me, motion picture, or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name, or reproduction, in color or otherwise, made through any media as its studios or elsewhere, for art, advertising, commerce, business, or trade or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy which may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless Madera Community College Center, its nominees, designees, successors, and assigns, or others for whom they are acting, from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I am over the age of 18.

Student Signature: _____

Address: _____

Phone: _____

Witness: _____

Complete section below if under the age of 18 Complete below section if under the age of 18

Minor's Release

If under 18 years of age, the parent or legal guardian of the student must sign below.

I, parent and/or legal guardian of _____ do hereby consent and
(Student's Name)

grant permission to all of the foregoing.

Parent/ Guardian Signature

Date

**COMPUTER NETWORK AND INTERNET ACCESS
PARENT / GUARDIAN PERMISSION FORM**

Madera Community College Center Internet services are designed for all students and educators. Internet services can be accessed via a computer at school and will provide high speed access to the Internet, a worldwide telecommunications network. The Internet provides a large amount of valuable information available from computers at educational, businesses, and government agencies. There is no charge to the student for using the system.

Madera Community College Center Upward Bound computer class is designed to guide the users in navigating through the vast educational resources. Teacher supervision minimizes the possibility of students accessing materials that are inappropriate for educational purposes. However, Madera Community College Center cannot guarantee that such materials will not be accessed.

My Child _____ student at Madera Community College Center Bound Program has my permission to access Madera Community College Center Internet services.

I understand that my child will be held accountable for all activities including, but not limited to, the content of materials sent by mail, news, or any other means using their account privileges. I also understand that my child must abide by the Madera Community College Center Upward Bound program Acceptable Use Guidelines and that use of the system will be for educational purposes only.

I agree not to hold Madera Community College Center Upward Bound Program or any of its employees nor any of the institutions or networks providing access to the Internet responsible for the performance of the system or the content of any materials accessed through it.

Signature of Parent / Guardian

Date

=====

COMPUTER NETWORK AND INTERNET ACCESS STUDENT APPLICATION FORM

I wish to be allowed to access the Internet through Madera Community College Center Upward Bound Program computer network.

I understand that I will be held accountable for all activities including, but no limited to, the content of materials sent by mail, news or any other means using my access privileges. I agree to abide by the Rules and Code of Ethics for Computer Network and Online and Telecommunications Use as stated in Reedley College Upward Bound Program Acceptable Use Guidelines and that my use of this system will be for educational purposes only.

I agree not to hold Madera Community College Center Upward Bound Program or any of its employees nor any of the institutions or networks providing access to the Internet responsible for the performance of the system or the content of materials accessed through it.

Please Complete and return this form if you agree with this statement:

Name: _____ **Grade:** _____

Student Signature

Date

**MADERA COMMUNITY COLLEGE CENTER
UPWARD BOUND - INCOME VERIFICATION FORM**

Student Name _____

School Name _____

Do not leave line items blank. If not applicable, write 0.

This form is designed to verify the applicant income eligibility to the Upward Bound program in Reedley College.

Did you file an income tax return? ☐ Yes ☐ No

If YES, please provide the information below.

INCOME TAX INFORMATION

Total Income:		Taxable Income: (See Page 2)	
Household Size:		Income Tax Form/Year:	

Certification Statement

I, _____, the assistant director have reviewed the income taxes for the student applicant and verified that the student qualifies based on our income eligibility for the Upward Bound Program according to the Federal TRIO Programs Current-Year Low-Income Levels (Effective **January 25, 2016** until further notice).

Low Income: ☐ Yes ☐ No

Upward Bound Staff _____ **Date** _____

If NO, please provide the following information.

The information must be completed by applicant's parent (s)/guardian:

RESOURCES	PER MONTH
Earnings from work	\$ _____
Unemployment Benefits	\$ _____
Social Security Benefits	\$ _____
Pension/Retirement Funds	\$ _____
Workman's Compensation	\$ _____
TANF/Food Stamps/WIC	\$ _____
VA Benefits	\$ _____
Other Resources	\$ _____
Total Resources	\$ _____
Total Dependents	_____

Certification Statement

I/we certify that all the information reported to qualify for the Upward Bound Program is complete and correct.

Parent's Signature _____ **Date** _____

Upward Bound Staff _____ **Date** _____

The purpose of this form is to provide income verification according to the federal guidelines that Upward Bound has to follow. Please note that student does not have to be low income to be eligible to participate in the program.

Federal TRiO Programs

Current-Year Low-Income Levels
(Effective January 31, 2018 until further notice)

Size of Family Unit	48 Contiguous States, D.C., & Outlying Jurisdictions	Alaska	Hawaii
1	\$18,210	\$22,770	\$20,940
2	\$24,690	\$30,870	\$28,395
3	\$31,170	\$38,970	\$35,850
4	\$37,650	\$47,070	\$43,305
5	\$44,130	\$55,170	\$50,760
6	\$50,610	\$63,270	\$58,215
7	\$57,090	\$71,370	\$65,670
8	\$63,570	\$79,470	\$73,125

For family units with more than eight members, add the following amount for each additional family member: \$6,480 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,100 for Alaska; and \$7,455 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the [Federal Register](#) on January 18, 2018.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20 _____ See separate instructions.

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 _____ Apt. no. _____ **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Presidential Election Campaign**

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status 1 ☐ Single (or married filing separately). (See instructions.)
2 ☐ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ☐
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ☐ widow(er) (see instructions)

Exemptions 6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6a. ☐ Boxes checked on 6a and 6b
b ☐ See instructions. ☐ Number of children
(1) First name Last name social security number relationship to you (see instructions) ☐ did not live with you due to divorce or separation (see instructions)
If more than four dependents, see instructions and check here ☐ Dependents on 6c not entered above
d Total number of exemptions claimed ☐ Add numbers on lines above ☐

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7
8a Taxable interest. Attach Schedule B if required 8a
b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a
b Qualified dividends 9b
10 Taxable refunds, credits, or offsets of state and local income taxes 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount 15b
16a Pensions and annuities 16a b Taxable amount 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount 20b
21 Other income. List type and amount 21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22

Adjusted Gross Income 23 Educator expenses 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889 25
26 Moving expenses. Attach Form 3903 26
27 Deductible part of self-employment tax. Attach Schedule SE 27
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN 31a
32 IRA deduction 32
33 Student loan interest deduction 33
34 Tuition and fees. Attach Form 8917 34
35 Domestic production activities deduction. Attach Form 8903 35
36 Add lines 23 through 35 36
37 Subtract line 36 from line 22. This is your adjusted gross income 37

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	99,500
	39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
	41	Subtract line 40 from line 38	41	86,900
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	12,000
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	74,900
	44	Tax (see instructions). Check <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4972 <input type="checkbox"/>	44	1,718
	45	Alternative minimum tax	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	1,718
	48	Foreign tax credit. Attach Form 8878	48	469
	49	Credit for child and dependent care expenses. Attach Form 2441	49	38
	50	Education credits from Form 8863, line 19	50	
	51	Research and development credit. Attach Form 8885	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form 8880	54	
	55	Add lines 48 through 54. These are your total credits	55	1,507
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	211
	57	Self-employment tax. Attach Schedule SE	57	1,146
Other Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes. Attach Schedule H	60a	
	b	First-time homebuyer credit. Attach Form 5405	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	
	62	Taxes from: <input type="checkbox"/> Form 8959 <input type="checkbox"/> Form 8960 <input type="checkbox"/> Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	5,357
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	
	65	2015 estimated tax payments and amount applied from 2014 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election 66b	66b	
	67	Additional child tax credit. Attach Schedule 8812	67	0
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: <input type="checkbox"/> 2439 <input type="checkbox"/> Reserved <input type="checkbox"/> 8885 <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
Direct deposit? See instructions.	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
	77	Amount of line 75 you want applied to your 2016 estimated tax	77	
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	5,363
	79	Estimated tax penalty (see instructions)	79	6
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name	Phone no.	Personal identification number (PIN)	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has knowledge.			
	Your signature			
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			
	Spouse's occupation			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		

Sample Form
Please provide
2017 copy of income taxes.

(Page 1 & 2 Only)

Need Number of Exemptions (Pg 1) & Taxable Income (Pg 2).

<- Please sign your page 2 tax form.