



## PARTICIPANT APPLICATION

(Please Type or Print in Ink)

### PERSONAL/EDUCATIONAL INFORMATION

NAME \_\_\_\_\_ UCLA ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ MALE \_\_\_\_ FEMALE \_\_\_\_

DO YOU HAVE ANY PHYSICAL DISABILITIES? YES \_\_\_\_ NO \_\_\_\_ SPECIFY \_\_\_\_\_

Please list all languages spoken in your home other than English \_\_\_\_\_

ETHNICITY: Check where applicable (Optional)

\_\_\_\_\_ AMERICAN INDIAN/ALASKAN NATIVE  
tribal affiliation \_\_\_\_\_

\_\_\_\_\_ AFRICAN AMERICAN/ BLACK

\_\_\_\_\_ CHICANA/O/MEXICAN AMERICAN

\_\_\_\_\_ PILIPINA/O/PACIFIC ISLANDER

\_\_\_\_\_ ASIAN  
specify \_\_\_\_\_

\_\_\_\_\_ CAUCASIAN  
specify \_\_\_\_\_

\_\_\_\_\_ LATINA/O  
specify \_\_\_\_\_

\_\_\_\_\_ OTHER  
specify \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

LOCATION \_\_\_\_\_

H.S. GPA \_\_\_\_\_ Number of AP Tests Passed \_\_\_\_\_

Number of College Courses taken \_\_\_\_\_

UCLA MAJOR \_\_\_\_\_

CAREER GOAL \_\_\_\_\_

WILL/HAVE YOU ATTEND(ED): FSP \_\_\_\_ ORIENTATION \_\_\_\_ OTHER \_\_\_\_\_  
(e.g. Talent Search, Upward Bound, etc.)

WHERE WILL YOU BE LIVING IN FALL? ON CAMPUS \_\_\_\_\_ AT HOME \_\_\_\_ OTHER \_\_\_\_

Name of your residence hall

DID YOU APPLY FOR FINANCIAL AID? YES \_\_\_\_ NO \_\_\_\_ IF NO, PLEASE EXPLAIN \_\_\_\_\_

**ESSAY QUESTIONS: READ EACH QUESTION CAREFULLY BEFORE ANSWERING. (ALL RESPONSES ARE CONFIDENTIAL.) PLEASE ATTACH SEPARATE SHEETS OF PAPER FOR YOUR ANSWERS AND PLEASE LIMIT YOUR RESPONSE TO NO MORE THAN ONE PAGE (300 WORDS) PER QUESTIONS.**

1. PLEASE DESCRIBE YOUR FAMILY BACKGROUND. INCLUDE FACTORS THAT INFLUENCED YOUR PARENTS' ABILITY TO PROVIDE AND CARE FOR THEIR FAMILY (e.g. educational background, medical difficulties, single parenting, ethnic identification, etc.).
2. PLEASE DISCUSS ANY OTHER FACTORS YOU THINK HAVE HINDERED OR MAY AFFECT YOUR EDUCATIONAL ATTAINMENT (e.g. academic strengths and weaknesses, impairments, personal/family obligations, family support, etc.).

3. PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE.

PLEASE LIST ALL FAMILY MEMBERS THAT RESIDE IN YOUR HOUSEHOLD (include those in college).

| NAME | AGE | RELATIONSHIP | EDUCATIONAL<br>LEVEL (USE<br>CODES<br>BELOW) | ANNUAL<br>INCOME<br>(1997) | BUSINESS/<br>OCCUPATION/<br>SCHOOL |
|------|-----|--------------|--|----------------------------|------------------------------------|
| SELF |     | XXXXXXX      | XXXXXXX                                      | \$                         | UCLA                               |
|      |     |              |  | \$                         |                                    |
|      |     |              |  | \$                         |                                    |
|      |     |              |  | \$                         |                                    |
|      |     |              |  | \$                         |                                    |
|      |     |              |  | \$                         |                                    |
|      |     |              |  | \$                         |                                    |
|      |     |              |  | \$                         |                                    |
|      |     |              |  | \$                         |                                    |
|      |     |              |  | \$                         |                                    |

POST GRADUATE STUDY - 1    FOUR YEAR COLLEGE GRADUATE - 2    TWO YEAR COLLEGE GRADUATE - 3  
SOME COLLEGE - 4    HIGH SCHOOL GRADUATE - 5    SOME HIGH SCHOOL - 6    NO HIGH SCHOOL - 7

DID YOUR FAMILY RECEIVE ANY OTHER TYPE OF INCOME FOR 1996? (e.g. AFDC, State Disability, Unemployment Compensation, Veteran's Benefits, Social Security, Retirement, etc.)?    YES \_\_\_\_\_    NO \_\_\_\_\_

IF YES, PLEASE SPECIFY TYPE \_\_\_\_\_

DOES ANYONE IN YOUR HOUSEHOLD OWN A BUSINESS?    YES \_\_\_\_\_    NO \_\_\_\_\_

IF YES, WHAT TYPE OF BUSINESS AND WHAT IS THE EQUITY?

\_\_\_\_\_

PLEASE ATTACH A COPY OF 1997 1040 FEDERAL INCOME TAX RETURN (WITH ALL SCHEDULES) OR OTHER APPLICABLE 1997 INCOME DOCUMENTATION.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**NOTE: YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS ALL QUESTIONS ARE COMPLETED AND YOUR 1997 TAX FORMS OR DOCUMENTATION IS RECEIVED.**

PLEASE SEND YOUR COMPLETED APPLICATION WITH ALL INCOME VERIFICATION TO:

UNIVERSITY OF CALIFORNIA, LOS ANGELES  
PROGRAM LEADING TO UNDERGRADUATE SUCCESS  
ACADEMIC ADVANCEMENT PROGRAM  
1229 CAMPBELL HALL  
405 HILGARD AVENUE  
LOS ANGELES, CA 90095-1541  
(310) 825-9276