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2022-2023 Upward College Program Application Form

The Upward College Program helps prepare the participants their college and future success through its innovative and comprehensive curriculum design including tutoring (English, Math & Science, Social Sciences), training in Advanced English Writing, including Business & Technical Communications, Essay Writing, Reading, and Leadership Development, SAT/ACT Preparatory, College Admissions, FAFSA, Scholarship Applications, and provide college coaching and mentorship services. STEM (Science, Technology, Engineering and Mathematics) and Life Skill classes will also be included as well. The program will strictly implement health and safety measures that are in line with the federal and state suggestions in this midst of current pandemic. The program sessions/classes will officially kick-start on Mid- August, 2022.

Student's name					
Date of birth	Sex: F M				
Home address	City, state and	zip code			
Email address					
Home phone number					
Name of school	Grade level: 9 10 11 12				
Student ID number			GPA		
Do you intend to go to colleg Have you in the past or are yo			ogram? Yes No		
If Yes, which program and wh	hat term (please circle all pro	ogram(s) applicable)?			
I. UCP 2019/2020	II. UCP 2020/2021	II. UCP 2020/2021 III. UCP 2021/2022			
I. Summer 2019 UCP (Research Sch	olar/College Prep) Program	II. Summer 2020 UCP (Resear	arch Scholar/College Prep) Program		
II. Summer 2021 UCP (Research Sci	holar/College Prep) Program	III. Summer 2022 UCP (Rese	earch Scholar/College Prep) Program		
Do you intend to participate i	n the BACI program through	nout your high school years?	Yes No		
			ing your college years? Yes No School students from their own community)		
Do you have siblings who are	e also applying to this progra	m? Yes No			

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If yes, how many siblings are applying to the program and what are their names?

if yes, now many storings are applying to the pr	ogram and what are the	II IIaii	168!	
How did you hear about BACI Upward College Friend Current BACI UCP Participar Others (please specified):	e Program? nt Parents		BACI Website	BACI Facebook
Do you have your own transportation or wou	ıld your parents be abl	e to p	rovide it? Yes No	,
	PARENT INFORMA	ATIO	N	
Is the student being cared for by a single par-	ent? Yes No			
Mother				
	Le	evel o	f mother's education:	
Name		a.	Did not finish high scho	ool
		b.	High school diploma, no	o college
DI I DACI I I		c.	Began college but did n	ot complete
Phone number where BACI can contact you		d.	Bachelors degree	
		e.	Masters degree or highe	er
Email address				
Father				
	Le	evel o	f father's education:	
Name		a.	Did not finish high scho	ool
		b.	High school diploma, no	o college
DI I DACI		c.	Began college but did n	ot complete
Phone number where BACI can contact you		d.	Bachelors degree	
		e.	Masters degree or highe	er
Email address				
What is your family annual income? \$				
What is the size of your household?				
When did you and your family come to the U Name of Church you and your family go to:	.S., e.g. your arrival da	ate in	the U.S.?	
Health Insurance				
1 2	licy number:		Group numb	oer:
Policy holder:				
Student's signature Da	ite:			
Please return the application by hand-delivery of 4925 Shelby Street, SUITE 200	or mail to BACI:			

Indianapolis, IN 46227 Or Email to: info@baci-indy.org