

\*\*All grant services provided at NO COST to eligible students & families.

Program Year: \_\_\_\_\_

Youth Form: Updated July 2019

For which program are you completing this form? (Select one):  AIM Brain Exchange  AIM TRiO Talent Search  AIM TRiO Upward Bound

Student Name (legal) First, Middle Initial, Last \_\_\_\_\_ Female \_\_\_ Male \_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student Grade \_\_\_\_\_ Current School \_\_\_\_\_ Student ID # (if known) \_\_\_\_\_

Student Date of Birth \_\_\_/\_\_\_/\_\_\_ Student Cell Number \_\_\_\_\_ Is the student a Ward of the State? \_\_\_Yes \_\_\_No

Student Email \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_

Parent/Guardian Best Time to Contact \_\_\_\_\_ Parent/Guardian Best Phone Number: \_\_\_\_\_

Parent/Guardian 1	Parent/Guardian 2	For AIM Office Use Only
Name: _____	Name: _____	Accepted <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Relationship to student: _____	Relationship to student: _____	Date ___/___/___
		Program Director Signature or Designee _____

Student Ethnicity: (select all that apply).		Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Native Hawaiian/Pacific Islander

Student Citizenship: (For internal eligibility determination only) **Mark Only One**		
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Non-Citizen
Social Security Number: _____	Alien Registration # (ARN): _____	Are you currently seeking resident or citizenship status? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please provide your latest receipt number: _____

Family Educational Experience:		
Has parent/guardian 1 completed a 4-year (Bachelor's) Degree from a college/university?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Has parent/guardian 2 completed a 4-year (Bachelor's) Degree from a college/university?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Is the student currently enrolled in a college prep or other federal program? If yes, please list name of program: _____		
What is the highest level of education the STUDENT plans to complete? <input type="checkbox"/> High School <input type="checkbox"/> Vocational Degree <input type="checkbox"/> Two-year College <input type="checkbox"/> Four-year College or Beyond		
What type of career or types of careers is the STUDENT interested in? _____		

Annual Taxable Income Range.	**Your Annual Taxable Income is your gross income minus itemized or standard deductions: \$ _____ (1040-line 43; 1040A-line 27; 1040EZ-line 6)	Number of persons supported by household income: _____
<input type="checkbox"/> \$0 - \$18,735	<input type="checkbox"/> \$18,736 - \$25,365	<input type="checkbox"/> \$25,366 - 31,995
<input type="checkbox"/> \$31,996 - \$38,625	<input type="checkbox"/> \$38,626 - \$45,255	<input type="checkbox"/> \$45,256 - \$51,885
<input type="checkbox"/> \$51,886 - \$58,515	<input type="checkbox"/> \$58,516 - \$65,145	<input type="checkbox"/> \$65,146 - \$71,775
<input type="checkbox"/> \$71,776 - \$78,405	<input type="checkbox"/> \$78,406 - \$85,035	<input type="checkbox"/> More than \$85,035

All information provided will be kept in strict confidence in accordance with the Family Educational Rights & Privacy Act (FERPA), following standards set by FERPA and the participating school. I certify all information provided to be accurate to the best of my knowledge. I give permission for the release of information for Federal Grant reporting such as grades, attendance, test scores, and Post-Secondary enrollment verification to the AIM Institute and AIM's Educational Programs Staff.

I also give my expressed written permission for any pictures/videos taken in connection with the activities of the corresponding AIM Educational Program, to be used in publications (newsletters, television, websites, presentations, magazines, articles, etc.)

Parent/Legal Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_