BLUEGRASS COMMUNITY & TECHNICAL COLLEGE
UPWARD BOUND

FOLLOW-UP QUESTIONNAIRE

DATE: _____ SOCIAL SECURITY #: ___-___-____

NAME: _____

Are You Married? Y ☐ N☐ *If yes*, maiden name: _____

Current Home Address:

Street: _____ City: _____ State: __ Zip: _____

Telephone Number: _____ E-Mail Address: _____@_____

High School Attended: _____ Graduation Date: _____

Dates attended *LCC/*BCTC Upward Bound Program: _____

Your Current Activities *(Check all that apply)*

☐Working
☐Serving in the Armed Forces
☐Attending a postsecondary institution *(two-year, four-year or vocational-technical)*
NAME OF SCHOOL:
☐Other, please specify:

Postsecondary Completion
Have you completed a postsecondary program of study? Y ☐ N ☐
If yes, what degree: _____ Date of Graduation: _____
Name of postsecondary institution: _____

Additional Contact Information

In order for us to stay in contact with you, please provide the name, address and phone number of someone who will always know how to contact you (e.g. parent, grandparent, or friend).
Name: _____ Relationship to you: _____
Address: _____ City: _____ State: __ Zip: _____
Telephone Number: _____

If you are currently attending a postsecondary institution, please complete page 2 of this form.

Name and location of college: _____

Date Enrolled: _____

What is your enrollment status for the 2008-09 school year?

Full time ☐
Part time ☐

Current academic classification

☐ Freshman (0-30 credit hours)
☐ Sophomore (31-60 credit hours)
☐ Junior (61-90 credit hours)
☐ Senior (91-120 credit hours)
☐ Graduate or Professional student (120+ credit hours)

Are you in good academic standing at your current institution (not on academic probation or suspension)? Yes☐ No☐

What is your major or course of study? _____

What date do you expect to complete your degree/certificate? _____

Are you receiving financial aid? Yes☐ No☐

If yes, what type of aid are you receiving?

Please check all that apply:

☐Pell Grant

☐FFEL Loan (Stafford, PLUS Loans)

☐Direct Loan (Perkins Loan)

☐College Work-study

☐Institutional Aid

☐Other, please specify:

☐Unknown

Please return this completed form via email to the UB administrative office: michelle.sweat@kctcs.edu, or return by mail to:

BCTC Upward Bound
2659 Regency Rd., Ste. 110

Lexington, KY 40503