

**STATEMENT OF COMMITMENT**  
**ACADEMIC YEAR \_\_\_\_\_**

NAME: \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ GRADE: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

CHECK THE ONE BELOW WHICH APPLIES TO YOU:

1. \_\_\_\_\_ I WILL BE PARTICIPATING IN THE UPWARD BOUNT ACADEMIC PROGRAM.
2. \_\_\_\_\_ I WILL NOT BE PARTICIPATING IIN THE ACADEMIC PROGRAM.

IF YOU ANSWER "**NO**", PLEASE EXPLAIN BELOW:

\_\_\_\_\_

\_\_\_\_\_  
(Student's Signature) (Date)

\_\_\_\_\_  
(Parent's Signature) (Date)