

UPWARD BOUND PROGRAM

ALUMNI TRACKING FORM - STUDENT DEMOGRAPHICS

High School: _____

Year H.S. Graduation: _____

College: _____

Major: _____

College Standing: _____

Expected Year/Graduation: _____

* Student s Name: _____	Notes: _____
College Address: _____	_____
City/State/Zip: _____	_____
Phone(s): _____	_____
E-mail Address: _____	_____

* Parent(s) Name(s): _____	Notes: _____
Home Address: _____	_____
City/State/Zip: _____	_____
Phone(s): _____	_____

* Relative s Name: _____	Notes: _____
Street Address: _____	_____
City/State/Zip: _____	_____
Phone(s): _____	_____

* Friend s Name: _____	Notes: _____
Street Address: _____	_____
City/State/Zip: _____	_____
Phone(s): _____	_____
E-mail Address: _____	_____

* Contact s Name: _____	Notes: _____
Street Address: _____	_____
City/State/Zip: _____	_____
Phone(s): _____	_____
E-mail address: _____	_____

* Contact Notes:	
Last Date Contacted: _____	Notes: _____
Last Date Contacted: _____	Notes: _____
Last Date Contacted: _____	Notes: _____
Last Date Contacted: _____	Notes: _____
Last Date Contacted: _____	Notes: _____