



# Upward Bound Application



## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Student Email \_\_\_\_\_  
 Student Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Student ID # \_\_\_\_\_ GPA \_\_\_\_\_  
 Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If, "No": Permanent Resident I.D # \_\_\_\_\_  
 Ethnicity (check one): Hispanic/Latino \_\_\_\_\_ Non-Hispanic \_\_\_\_\_  
 Race (if not Latino, check one): American Indian or Alaskan Native \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_  
 African-American \_\_\_\_\_ White/Caucasian \_\_\_\_\_ Asian \_\_\_\_\_ Two or more \_\_\_\_\_

## FAMILY INFORMATION (Parents)

Father/Guardian \_\_\_\_\_ Email \_\_\_\_\_  
 Employer/Occupation \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 Does this parent have a 4-year college degree? \_\_\_\_\_  
 Mother/Guardian \_\_\_\_\_ Email \_\_\_\_\_  
 Employer/Occupation \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 Does this parent have a 4-year college degree? \_\_\_\_\_  
 Is anyone else in your family receiving services from Upward Bound? \_\_\_\_\_ If yes, who? \_\_\_\_\_  
 Language(s) spoken at home: \_\_\_\_\_

## INCOME DOCUMENTATION INFORMATION (Parents)

- 1) In the first row, please CIRCLE the number of people in your household.
  - 2) In the second row, please CIRCLE your annual taxable family income for 2016.
  - 3) **Please attach a recent copy of the parents' tax summary 1040 form.**
- Does your child receive free or reduced lunch? \_\_\_\_\_

Number in household	1	2	3	4	5	6	7	8+
Taxable income 2016*	\$18,090	\$24,360	\$30,630	\$36,900	\$43,170	\$49,440	\$55,710	\$61,980

(Note: This information is required by the federal government to ensure we are providing services within our guidelines. Line 43-Form 1040, Line 27-form 1040A)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY	Eligibility:	LI	FG	AR1	AR2	AR3	AR4
Approved _____		Date _____					

## STUDENT AND PARENT AGREEMENT

The Chemeketa Community College TRiO Upward Bound program is an outstanding college preparation program available to only 74 qualified students from three local high schools. In order to ensure that we enroll qualified students who will benefit from all of the resources and opportunities available through Upward Bound, it is very important that students fully understand their commitment. Please read this with your parents, initial each statement, and sign below.

- \_\_\_\_\_ I understand that Upward Bound is an academic program and academics comes first.
- \_\_\_\_\_ I will complete high school and pursue post-secondary education
- \_\_\_\_\_ I understand I must maintain at least a 2.5 or higher GPA throughout high school
- \_\_\_\_\_ I will attend weekly tutoring meetings
- \_\_\_\_\_ I will attend all individual meetings with my UB advisor
- \_\_\_\_\_ I will attend all Upward Bound Saturday events
- \_\_\_\_\_ I will attend the six-week Upward Bound Summer Academy
- \_\_\_\_\_ I will abide by all rules and regulations of Upward Bound and Chemeketa Community College
- \_\_\_\_\_ Poor attendance or lack of participation will be a basis for dismissal from Upward Bound

In addition to the student agreement above, Upward Bound will need to obtain information from other sources to meet the needs of our students and the reporting requirements of the U.S Department of Education. We gather information from high schools, colleges, testing institutions, and other agencies or universities on behalf of our students and program. Your signatures at the bottom of this form authorizes Upward Bound to:

1. Request copies of your academic transcripts and test scores from your school(s) and/or the district.
2. Request a copy of your SAT and/or ACT test scores
3. Use your Social Security Number to request a copy of your financial aid application, transcripts, college enrollment status and awards from the federal & state funding agencies, post-secondary institutions, and the National Student Clearinghouse
4. Communicate with representatives from agencies, post-secondary institutions on your behalf

I hereby authorize Upward Bound to contact and request information from, as well as to share information with, the above mentioned parties. I give my son/daughter permission to participate in Upward Bound activities if accepted. Our signatures below indicate our commitment to the Upward Bound Student and Parent Agreement. **To the best of my knowledge, all the information I have provided in this application is true.**

Print Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_

Print Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Print Parent's Email \_\_\_\_\_

**Please Check:** Yes\_\_\_ No\_\_\_ I give permission for my son/daughter to be interviewed, photographed or videotaped by Upward Bound for use in program promotional materials and documentation.

### STATEMENT OF CONFIDENTIALITY:

The information in the application is confidential according to the Family Rights and Privacy Act. The U.S Department of Education has the authority to gather the information requested in the application (20 USC 1231a). The only persons authorized to examine the contents of this application are the students, their parents, employees at the school attended, and the authorized Upward Bound staff.

**ACTIVITY AND MEDICAL RELEASE**

STUDENT INFO.	Name: _____ Date of Birth: _____
PERSONAL MEDICAL HISTORY	<p>Have you ever been diagnosed by a medical doctor or counselor with any of the following conditions? (mark X)</p> <p> <input type="checkbox"/> Alcohol/Drug    <input type="checkbox"/> Asthma    <input type="checkbox"/> Diabetes    <input type="checkbox"/> Eating Disorder  <input type="checkbox"/> Hay fever    <input type="checkbox"/> Heart Disease    <input type="checkbox"/> Hepatitis    <input type="checkbox"/> High Blood Pressure  <input type="checkbox"/> Kidney Disease    <input type="checkbox"/> Female Problems    <input type="checkbox"/> Migraine Headaches    <input type="checkbox"/> Seizures  <input type="checkbox"/> Pneumonia    <input type="checkbox"/> Rheumatic Problems    <input type="checkbox"/> Thyroid Trouble    <input type="checkbox"/> Tuberculosis  <input type="checkbox"/> Ulcers    <input type="checkbox"/> Emotional/Behavioral Disorders         </p> <p>Surgery: Please list any surgeries you have had: _____</p>
DISABILITIES	<p>Do you have any of the following disabilities? (mark X)</p> <p> <input type="checkbox"/> Amputation or Permanent Impairment    <input type="checkbox"/> Hearing Impairment  <input type="checkbox"/> Speech or Voice Impairment    <input type="checkbox"/> Vision. If so, is it corrected? _____  <input type="checkbox"/> Permanently confined to wheelchair    <input type="checkbox"/> Learning Disabilities. Specify _____  <input type="checkbox"/> Other Impairments. Specify _____         </p>
ALLERGIES	<p>Are you allergic to any medications (penicillin, antitoxin, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, specify _____</p> <p>Do you have any other allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____</p>
MEDICATIONS	<p>Are you currently taking any maintenance medications or are you currently receiving other medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____</p>
IN CASE OF EMERGENCY	<p>Parent's or Guardian information</p> <p>Name: _____ Phone: _____ Work Phone: _____</p> <p>Emergency Contact (In case parent or guardian cannot be reached)</p> <p>Name: _____ Phone: _____ Work Phone: _____</p>
FAMILY PHYSICIAN	<p>Doctor's Name: _____ Phone _____</p>
HEALTH INSURANCE	<p>Insurance company: _____ Policy Number: _____</p>
<p>I hereby give my permission for my child, _____ to participate in all Chemeketa Community College Upward Bound activities, trips, and events. I further give my permission for my child to receive all necessary medical and/or psychological attention if the need arises; such need shall be at the discretion of the medical provider on duty and/or the Upward Bound employee supervising or coordinating the activity, trip, or event.</p> <p>Parent Signature _____ Date _____</p>	

## STUDENT NEEDS ASSESSMENT

Upward Bound wants to help all of our students achieve success. To help us understand how best to help you succeed, please circle the most accurate response for the following statements.

	<b>Strongly Disagree</b>	<b>Neutral</b>	<b>Strongly Agree</b>
1. I need to get better grades in school.	1.....	2.....	3.....4.....5
2. I need help with my rigorous classes (AP, IB or others).	1.....	2.....	3.....4.....5
3. I need to learn how to take better notes.	1.....	2.....	3.....4.....5
4. I need to learn better study habits.	1.....	2.....	3.....4.....5
5. I need to learn better test taking strategies.	1.....	2.....	3.....4.....5
6. I need to learn how to ready a textbook more effectively.	1.....	2.....	3.....4.....5
7. I need help passing the Smarter Balanced test.	1.....	2.....	3.....4.....5
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8. I need help exploring careers and college majors.	1.....	2.....	3.....4.....5
9. I need help visiting college campuses.	1.....	2.....	3.....4.....5
10. I need to get more community service or volunteer work.	1.....	2.....	3.....4.....5
11. I need to learn more about college admission requirements.	1.....	2.....	3.....4.....5
12. I need help applying to colleges.	1.....	2.....	3.....4.....5
13. I need to learn more about ACT/SAT testing.	1.....	2.....	3.....4.....5
14. I need to learn more about how I can pay for college.	1.....	2.....	3.....4.....5
15. I need help understanding financial aid.	1.....	2.....	3.....4.....5
16. I need help searching for scholarships.	1.....	2.....	3.....4.....5
17. I need help with scholarship applications.	1.....	2.....	3.....4.....5
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18. I need to learn how to manage my time better.	1.....	2.....	3.....4.....5
19. I need to learn how to set effective goals.	1.....	2.....	3.....4.....5
20. I need to learn how to better deal with stress.	1.....	2.....	3.....4.....5
21. I need help staying motivated.	1.....	2.....	3.....4.....5
22. I need help improving interpersonal skills.	1.....	2.....	3.....4.....5
23. I need help building self-confidence.	1.....	2.....	3.....4.....5

24. Please list other things you feel you may need help with:

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**APPLICATION ESSAY**

This writing sample is part of the selection process. Please address all of the following in your handwritten response.

- 1) Tell us about yourself and your interests and hobbies.
- 2) Why do you want to join Upward Bound?
- 4) What do you see as the biggest benefits of being in the Upward Bound program?
- 3) Explain how you will commit to attending weekly tutoring sessions, Saturday events, and Summer Academy

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# Upward Bound Application



## TEACHER/COUNSELOR RECOMMENDATION

**Student:** Ask a teacher or counselor to complete this form. Explain to them why you want to join Upward Bound. After you teacher/counselor completes the form, attach it to your application.

**Teacher:** Chemeketa Community College’s Upward Bound program is a college preparation program designed to generate knowledge, skills and motivation for success in college. Participants must have a need for academic support. Participants should also have the potential to succeed in college. Please circle the most accurate responses for the statements below. Then please return this form to the student to include with their application.

	Strongly Disagree	Neutral	Strongly Agree
1. Would benefit from supplemental academic support	1.....	2.....	3.....4.....5
2. Expresses interest in academic endeavors	1.....	2.....	3.....4.....5
3. Demonstrates responsible behavior	1.....	2.....	3.....4.....5
4. Relates well to peers	1.....	2.....	3.....4.....5
5. Cooperates with school staff	1.....	2.....	3.....4.....5
6. Is dependable and reliable	1.....	2.....	3.....4.....5
7. Would benefit from expanded cultural awareness	1.....	2.....	3.....4.....5
8. Would benefit from supplemental career guidance	1.....	2.....	3.....4.....5
9. Has a good attendance/punctuality record	1.....	2.....	3.....4.....5
10. Has the potential to be successful in college	1.....	2.....	3.....4.....5

Additional Comments (please use the back of this form or a separate page if necessary)

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If you have any questions, please contact: Lino Solomon at [lino.solomon@chemeketa.edu](mailto:lino.solomon@chemeketa.edu)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Teacher/Counselor Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_