



# 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 \_\_\_\_\_

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):  White/Caucasian  Native Hawaiian or Pacific Islander  Asian  
 African-American  American Indian or Alaskan Native

Please answer the following questions about your academics. UB will verify this information on your transcript.

Student ID # \_\_\_\_\_ GPA \_\_\_\_\_

Have you passed the SBAC in Reading/Language Arts?  Yes  Not yet

Have you passed the SBAC in Math?  Yes  Not yet

Have you completed Pre-Algebra with a grade of C or higher?  Yes  Not yet

Have you completed Algebra I with a grade of C or higher?  Yes  Not yet

## FAMILY INFORMATION (Parents/Guardians)

Father/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Phone  
Number \_\_\_\_\_

Does this parent have a 4-year college degree? \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

Does this parent have a 4-year college degree? \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

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

## Upward Bound Statement of Income Eligibility

This form must be completed for any Upward Bound applicant whose family is unable to provide a copy of a recent 1040 (or similar) tax form to determine eligibility. The U.S. Department of Education requires that we document the family income for each student who is admitted to the program. Rather than providing a recent tax statement, you can self-report your family’s **Taxable Income** from 2022 by completing this form. Your application cannot be processed until this information is provided. **Taxable income** is NOT the same as “net income” or “adjusted gross income.” Annual Taxable Income is normally shown on Line 43 of the 1040 form.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ do hereby state that my family’s **Taxable Income** for 2022 was \$ \_\_\_\_\_ and that the number of people in my household is \_\_\_\_\_.

Family size	Taxable Income
<b>1</b>	\$22,590
<b>2</b>	\$30,660
<b>3</b>	\$38,730
<b>4</b>	\$46,800
<b>5</b>	\$54,870
<b>6</b>	\$62,940
<b>7</b>	\$71,010
<b>8</b>	\$79,080

Additional information from parent/guardian (optional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that all of the above information is true and correct. I understand that this information is being given to determine the student applicant’s eligibility for the Chemeketa Upward Bound program; that the Upward Bound staff may verify the information I’ve reported; and that deliberate misrepresentation of the requested information may cause the applicant to be denied admission or have their admission revoked.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

CONFIDENTIALITY OF INFORMATION The financial and educational information you provide to the Upward Bound director is reported to the Department of Education and is protected by the Privacy Act. No one may see the information unless they work with or for the Upward Bound project or are specifically authorized by the Department of Education to evaluate the project.

## STUDENT AND PARENT AGREEMENT

The Chemeketa Community College TRIO Upward Bound program is an outstanding college preparation program available to a number of limited qualified students from specific 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 (*certain exceptions can be made*)
- \_\_\_\_\_ I will attend the six-week Upward Bound Summer Academy (*certain exceptions can be made*)
- \_\_\_\_\_ I will abide by all rules and regulations of Upward Bound and Chemeketa Community College
- \_\_\_\_\_ Poor attendance, lack of participation, or behavioral issues 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. 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 email us at [upwardbound@chemeketa.edu](mailto:upwardbound@chemeketa.edu)

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

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

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