UPWARD BOUND PROJECTS

CALIFORNIA STATE UNIVERSITY, CHICO

This application is valid for the CSU, Chico Upward Bound Projects. Upward Bound is a federally funded TRIO program. There is no cost to participate.

Upward Bound is a year-round program geared toward students who are currently in **9th, 10th and 11th grades** with academic potential who are interested in pursuing a college education. However, students currently in the **8th grade** are welcome to apply.

The program provides fundamental support to participants in their preparation for college entrance through individual tutoring, workshops and a **mandatory** six-week summer residential program at California State University, Chico.

Applications are accepted at all times. This application will be processed for services to start Fall 2017 semester.

UPWARD BOUND PROJECTS
CSU, CHICO
EST. 1966

A Federally Funded Program
U.S. Department of Education

Upward Bound Projects
California State University, Chico – Chico, CA 95929-0712 – 530.898.5181 – FAX 530.898.4837
http://csucub.csuchico.edu

Dear Applicant,

We are very excited and pleased that you are interested in participating in the CSU, Chico Upward Bound Projects. Enclosed in this application are forms for you and your parents to complete. It is essential that all forms be completed accurately before they are returned to Upward Bound. These forms are an important part of the process to give you fair consideration for admission. **Incomplete applications will not be processed**. Providing false information will be grounds for denying admission to the CSU, Chico Upward Bound Projects.

Please use this section as the **application checklist** and return the following:

1. **Part I Student Section:**
   - ☐ Student Intake Information (page 1)
   - ☐ Community Service and Extracurricular Information (page 2)
   - ☐ Personal Essay (page 2)
   - ☐ Recommendation Form (page 6)
   - ☐ Copy of your school transcript (including this year's grades)
   - ☐ Copy of your last Common Core test results (if taken)

2. **Part II Parent/Guardian and Section:**
   - ☐ Parent and Family Information (page 3)
   - ☐ Student Medical History (page 4)
   - ☐ Release Authorization (page 5)

3. **After the interview and before selection, the following will be requested:**
   - ☐ Copy of the student's Social Security Card
   - ☐ Copy of **both** sides of the student's alien registration card (if applicable)
   - ☐ Copy of **both** sides of applicant's medical insurance card (if applicable)
   - ☐ **Signed copy** of your most recent federal 1040 or 1040A tax form
     or
   - ☐ Official statement from the agency that provides you with income
     i. History of Passport to services if receiving public assistance,
     ii. Verification of monthly benefits if receiving social security benefits, disability, etc. (Form SSA-1099).

Please return the application to the Upward Bound Projects by the postmark deadline.

Sincerely,

Maria Moreno
Director

Upward Bound Projects
California State University, Chico – Chico, CA 95929-0712 – 530.898.5181 – FAX 530.898.4837
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Part I Student Intake Information

To Student: The application must be typewritten or printed neatly in blue or black ink. Answer all questions; failure to do so will delay the processing. If a question is not applicable, mark "N/A" in the space provided.

Name of Applicant_____
FIRST MIDDLE LAST

Mailing Address _____ City _____ Zip _____

Home Phone_____ Student's Cell Phone Number_____

Date of Birth_____ City of Birth_____ ☐ Male ☐ Female

Email Address_____

What is the preferred language of your parents or guardians? _____

What languages are spoken in your home? _____

Current School_____ Grade_____ Counselor_____

Name of school you attended in 8th Grade _____ City_____

If you are an 8th grader, name of high school you plan to attend_____

Are you currently a participant of: ☐ Upward Bound ☐ Educational Talent Search ☐ GEAR UP ☐ MESA ☐ N/A

If yes, name and phone number of program director_____ _____
NAME PHONE NUMBER

Ethnicity:
☐ White ☐ Hispanic ☐ African-American ☐ Asian
☐ Native Hawaiian or other Pacific Islander ☐ American Indian/Alaskan Native ☐ Other/Decline to state

Are you a US Citizen? ☐ Yes ☐ No
If you are not, are you a Legal Resident? ☐ Yes ☐ No
Do you have a Security Number? ☐ Yes ☐ No

NOTE: You must be a US citizen or legal resident of the United States in order to participate in and receive services from Upward Bound. Before being selected **A copy of your social security card will be required to verify your legal name and, if applicable, a copy of your residency card will be required to verify residency status**.

Educational Plans – Check the statement(s) which best describe your present plans:
☐ I plan to work during both the school year and summer.
☐ I plan to work only during the summer.
☐ I plan to work only during the school year.
☐ I plan to go to work full-time after high school graduation.
☐ I plan to enter military service after high school graduation.
☐ I plan to complete an associate's degree (2 years of community college) after high school graduation.
☐ I plan to complete a bachelor's degree (4 years of university) after high school graduation.
☐ I plan to complete my master's degree after receiving my bachelors.
☐ I plan on completing a Ph.D., M.D., law degree, or other high level professional degree.
☐ I am currently undecided about my educational plans after high school graduation.

Educational Goal – List in order of preference, two careers you think would best fit your abilities and interests if you were given the necessary education and required training:

1._____ 2. _____

Part I Community Service, Extracurricular Information and Personal Essay

Name_____ Mailing Address_____
first middle last

Community Service and/or volunteer experience: ☐ If none, check this box.

Description (or title) Hours/week From month/year To month/year

_____

_____

_____

_____

Extracurricular activities (organizations, clubs, sports, etc.): ☐ If none, check this box.

Description (or title) Officer? (if yes, position) Year(s) involved (9th, 10th, 11th, 12th)

_____

_____

_____

_____

List any summer responsibilities/activities planned (job, camps, family obligations): ☐ If none, check this box.

Description and dates

_____

_____

_____

_____

Prompts for Personal Essay

Please submit a typed or neatly handwritten 500-word essay that answers all of the following prompts:

- Please elaborate on why you would like to go into the careers you selected on page 1.
- Describe why you want to be in Upward Bound and what kind of commitment you think is necessary to be successful in Upward Bound.
- Describe why attending college after high school is important to you.
- Describe what steps you have already taken to prepare yourself for college.

Part II Parent and Family Information

To parent or legal guardian: The personal information, including financial status and educational levels, given to the Upward Bound Projects is used for reporting purposes with the United States Department of Education. No one may access, view or utilize the information unless they work with or for Upward Bound Projects at California State University, Chico or unless they are given specific or legal authorization to said information. This information is required to determine if your child meets federal eligibility guidelines established by regulations of the United States Department of Education. All information is protected under the Family Educational Rights and Privacy Act (FERPA, 20 USC 1231a).

Student resides with: ☐ **Both birth Parents** ☐ **Single Parent** ☐ **Adoptive Parents** ☐ **Foster Parents or ward of the court** ☐ **Other**_____

Name of Father/Legal Guardian: _____ Occupation _____
FIRST MIDDLE LAST

Enter highest school grade completed_____

Degree(s) earned (Check all that apply:) ☐ HS Diploma ☐ Associate's ☐ Bachelor's ☐ Other_____

Name of Mother/Legal Guardian: _____ Occupation _____
FIRST MIDDLE LAST

Enter highest school grade completed_____

Degree(s) earned (Check all that apply:) ☐ HS Diploma ☐ Associate's ☐ Bachelor's ☐ Other_____

Total Family size_____ How many are adults (18+) _____ How many are minors (1 -17) _____

Financial Eligibility To Be Completed By Parent/Guardian

If applicant is a foster child, please provide proof of foster care status and skip to the signature section. Otherwise answer questions below.

Do you file Federal Income Taxes? ☐ Yes ☐ No

Do you receive any of the following:

Social Security? ☐ Yes ☐ No
Welfare/TANF? ☐ Yes ☐ No
Disability? ☐ Yes ☐ No
Veterans Benefits? ☐ Yes ☐ No
General Assistance? ☐ Yes ☐ No

*If you checked **YES** to any of the above, documentation will be requested in order to verify low-income eligibility prior to selection.* ***(see Application Checklist on cover letter from the Director).*** *Additional information may also be requested before any decision is made on the applicant.*

Parent/Guardian Signature: _____ **Date**: _____

Part II Medical History of Applicant

Name_____
first middle last

Address_____ City_____ State_____ Zip_____

Home phone number _____

In order to ensure the safety and well-being of your child, please be specific when answering questions.

Physician/Clinic Name_____ Date of last physical examination _____

Address_____City_____ State_____ Zip_____

Is your child presently under a physician's care? ☐ Yes ☐ No If yes, why?_____

Are there limits on your child's physical activities? ☐ Yes ☐ No If yes, explain_____

_____

Does your child have allergies (ie. to medications, insects, etc.)? ☐ Yes ☐ No If yes, explain_____

_____

Does your child have medical problems, or has (s)he been seriously ill in the past 3 years? ☐ Yes ☐ No If yes, explain_____

_____

Is your child covered by medical insurance? ☐ Yes ☐ No If yes, please provide a copy of ***both*** sides of the card.

Can your child swim? ☐ Yes ☐ No

If there is an emergency and we cannot contact you, who should be contacted? Name_____

Telephone #_____ Relation to student_____

Parent or Guardian Signature_____ **Date**_____

MEDICAL RELEASE TO BE SIGNED BY PARENT OR LEGAL GUARDIAN

Should (print child's complete name) _____ require medical attention and/or care while under the supervision of Upward Bound Projects at California State University, Chico, I give my consent to medical examinations and necessary treatment, including drugs and x-rays, as may be deemed advisable by the attending physician. This consent shall be in effect so long as my child is a participant in UB. If an emergency arises requiring major surgical procedures, the director or another staff member will attempt to reach me and be guided by my wishes. In the event that I cannot be contacted, the attending physician has my consent to act as medical judgment may dictate and understand my primary insurance will be billed first for all incurred medical fees.

Parent or Guardian Signature _____ Date_____

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Chico, CA 95929-0712
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Fax: 898.4837

I authorize the Upward Bound Projects access to the following:

School Records Release Authorization

My child's school has my permission to release grades, records and test scores to the Upward Bound Projects at California State University, Chico.

Release Authorization

My child has my permission to participate in all CSU, Chico Upward Bound sponsored college trips, six-week summer program, activities and workshops that are planned and supervised by the Upward Bound Projects at California State University, Chico. The CSU, Chico Upward Bound Projects, the CSU, Chico University and its employees and the Research Foundations and its employees, are released by me from claims against them arising from injuries, which might occur en route to/at/from the destination.

Information/Photography Release Authorization

I give permission to the Upward Bound Projects at California State University, Chico to use, release and publish information about or photographs of my child. I trust that the information and/or photographs will only be released when it is in the best interest of my child, or the Upward Bound Projects in general, or when the recipient has a legal "need to know" as prescribed in the FERPA and the U.S. Department of Education regulations.

Student Signature_____ **Date**_____

Parent/Guardian Signature_____ **Date**_____

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RECOMMENDATION FORM

Student_____ Grade _____

Teacher/Counselor_____ Title (subject taught)_____

To the student: ***This form needs to be completed by a teacher or counselor. If interested in a STEM career, please have a Math or Science teacher complete this form (STEM = Science, Technology, Engineering or Math)***

To the teacher/counselor: Upward Bound is designed to prepare and motivate students with academic potential for success in postsecondary education. Your evaluation of the student is extremely beneficial to us in determining if he/she will succeed in this highly intensive program. Please rate the student on each of the following areas of personal competence. If you would like to add additional comments or special considerations on why this student should be accepted, please feel free to continue on the back. Thank you!

Grasps fundamental ideas and concepts	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Integrates complex information	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Completes assignments, fulfills contracts	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Accepts criticism	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Assumes responsibility	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Is motivated to achieve	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Has good work habits; is disciplined	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Has positive sense of self	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Is sensitive to the needs of others	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Has foundation in basic skills	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Demonstrates leadership skills	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Is emotionally mature	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Student has potential for postsecondary success	☐ Above Average	☐ Average	☐ Below Average	☐ N/A
Student has potential for postsecondary success **in math, science or technology**	☐ Above Average	☐ Average	☐ Below Average	☐ N/A

Please provide an overall recommendation for the student and a brief explanation for your choice:

☐ Highly Recommend ☐ Recommend ☐ Recommend with reservation ☐ Do not recommend

Signature_____ **Date**_____

Please return to student for inclusion in application packet. A sealed envelope may be used.