

# UPWARD BOUND TRIO PROGRAM

DES MOINES AREA COMMUNITY COLLEGE—URBAN CAMPUS

*Thank you for interest in the DMACC Upward Bound Program. We look forward to working with you.*

## Who is eligible? You are, regardless of sex, race, nationality, or religion, if:

- » You are a citizen of the United States
- » You are in high school (entering grades 9–11)
- » Neither parent graduated from a four-year college or university, and/or your family's total taxable income is within federal low-income guidelines
- » You need counseling and/or tutoring assistance
- » You are interested in exploring college
- » Opportunities (i.e., postsecondary options)
- » You are attending one of these high schools: East, Hoover, Lincoln, North, or Roosevelt
- » You can participate fully in both academic year and summer phases of the programs, which focus on building academic skills, cultural enrichment, and social activities.

## What may a student expect to gain from being in the Upward Bound Program?

- » Improved grades
- » Confidence
- » Personal, academic, and career development
- » Assistance in researching and applying to colleges, completing college admission forms, applying for financial aid, scholarships, grants, and loans
- » Improved study skills and life skills
- » ACT and SAT test preparation
- » Cultural Enrichment
- » The opportunity to make new friends with students with similar and different backgrounds
- » A monthly stipend check (based on academic achievement and full participation in program activities)

## What does Upward Bound require from students to accomplish its objectives?

- » Participants must attend weekly tutoring sessions.
- » Participants must attend a Saturday morning session.
- » Held once a month at the Urban Campus.
- » Participants are required to attend workshops, educational or cultural field trips, and sessions with guest speakers.
- » Participants are required to attend a six-week summer college session, at no cost to the participant. Students participate in basic skills classes, academic and cultural enrichment seminars, and physical education activities.

Applying for admission **does not** guarantee acceptance into the program. The Upward Bound staff must interview all applicants and their parents. All applications will be carefully reviewed. Notification of your status will be mailed.

**Upward Bound is funded by the United States Department of Education. Program regulations require that accepted students must meet the specified criteria based on academic need, family income, and with the understanding that the participant will be a first generation college student.**

# UPWARD BOUND ADMISSION APPLICATION

ANSWER ALL QUESTIONS. PRINT OR TYPE ONLY.

## Personal Information

Name (Last, First, MI): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name you wish to be called: \_\_\_\_\_

Gender: Female  Male

Are you a US citizen? Yes  No

If no, what is your citizenship? \_\_\_\_\_

High School : \_\_\_\_\_

Grade Level: \_\_\_\_\_

## Ethnic/Racial Information (Check one)

- Asian or Pacific Islander
- American Indian or Alaskan Native
- African American
- Hispanic
- Other American Minorities
- White Non-Hispanic
- Non-Resident Alien

## Email Address

Student email : \_\_\_\_\_

Parent email : \_\_\_\_\_

## Family Information

With whom do you live? (Mother, Father, Stepfather, Stepmother, Guardian, etc.) \_\_\_\_\_

Full name of parent or guardian with whom you live: \_\_\_\_\_

Parent or guardian work number(s): \_\_\_\_\_

How many people live in the house where you reside? \_\_\_\_\_

What type of transportation do you or your family use? Car  Bus  Walk  Cab  Other

Have either of your parents/guardians with whom you live, completed and received a Bachelor's degree from a four-year college or university?

Yes  No

If yes, please name the parent(s)/guardian(s) \_\_\_\_\_

Name of college or university and location (city/state): \_\_\_\_\_

Degree received: \_\_\_\_\_ Date: \_\_\_\_\_ Years in School: \_\_\_\_\_

## Job Information

Do you have a part-time job? Yes  No

If yes, give the name and address of your employer:  
\_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Work Hours: Monday: \_\_\_\_\_ to \_\_\_\_\_

Tuesday: \_\_\_\_\_ to \_\_\_\_\_

Wednesday: \_\_\_\_\_ to \_\_\_\_\_

Thursday: \_\_\_\_\_ to \_\_\_\_\_

Friday: \_\_\_\_\_ to \_\_\_\_\_

Saturday: \_\_\_\_\_ to \_\_\_\_\_

Sunday: \_\_\_\_\_ to \_\_\_\_\_

## Emergency Information

In case of an emergency, contact (please print):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_

# INCOME VERIFICATION

## Declaration of Eligibility

In order to establish the eligibility of the student named below, it is necessary to verify the family taxable income. **Completion of this section and a copy of your previous year's income tax form is mandatory for consideration in the program.** The income information is required by federal regulation in order to determine student eligibility. All personal information will be held in the strictest confidence as set forth in the Statement of Confidentiality below. **PLEASE NOTE: *Applications received without this information will not be considered.***

Student's Name: \_\_\_\_\_

Family Yearly Taxable Income: \$ \_\_\_\_\_ No. of Family Members: \_\_\_\_\_

Does Your Family Recieve Financial Assistance?      Yes     No

Case # \_\_\_\_\_ Social Worker: \_\_\_\_\_

If you or your family receive FIP, Food Stamps, Social Security, or any other state or federally funded subsidy, please submit current copy of a letter from your caseworker or other documentation verifying this information.

### PARENT(S) / GUARDIAN(S) DECLARATION:

I/We declare that the information provided is true and correct.

\_\_\_\_\_  
Mother/Stepmother/Guardian

\_\_\_\_\_  
Father/Stepfather/Guardian

## Statement of Confidentiality

The United States Department of Education requires that the following statement be read by all Upward Bound participants.

"The personal information you give to the Upward Bound Director is sent to the federal government (Department of Education.) The information is protected by the Privacy Act. No one may see the information unless he or she works with of for the Upward Bound Program, or is specifically authorized to see the information. The information is necessary to determine if the applicant is eligible to participate in the program and helps the federal government to measure your success. The Department of Education has the authority to gather information to help make Upward Bound a better program (20 USC 1231A.) If you do not give this information to the Upward Bound Program and the Department of Education, you cannot receive any benefits from the program."

Your signature below affirms that you have read the statement, not that you agree with it.

"I have read the above Statement of Confidentiality."

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

## OFFICE USE ONLY

Family Size: \_\_\_\_\_

This student is classified as:      (1) First Generation/Low Income       (2) First Generation       (3) Low Income Only

Application is complete

Accepted       Denied

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



# GUIDANCE COUNSELOR RECOMMENDATION FORM

# UPWARD BOUND TRIO PROGRAM

DES MOINES AREA COMMUNITY COLLEGE—URBAN CAMPUS

High School: \_\_\_\_\_

\_\_\_\_\_ is applying for admission to the Upward Bound Program, a pre-college preparatory project at DMACC. We are interested in attracting quality applicants who wish to pursue a college education from high school. Please complete this form and return it to the student's guidance counselor. We appreciate any assistance you can give that would help us evaluate the students who apply.

**Please check the proper box as it identifies the student applicant.**

	Excellent	Meets & Exceeds Expectations	Meets Expectations	Needs Improvements	Unknown
Creativity					
Leadership					
Dependability					
Self-confidence					
Rapport with peers					
Rapport with adults					
Capacity for a challenge					
Ability to make a commitment					
Academic achievement					
Motivation/Attitude					
Attendance					

No, I am unable to recommend this student.  
(Please comment on back.)

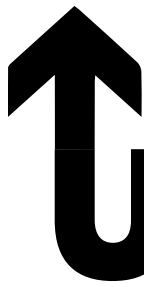
Yes, I recommend this student with reservation.  
(If reservation, please comment on back.)

Yes, I recommend this student.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COUNSELOR: Please attach a copy of the student's permanent record and most recent grade card and return to:**  
DMACC Upward Bound, Urban Campus, 1100 7th Street, Des Moines, IA 50314



# ENGLISH TEACHER RECOMMENDATION FORM

# UPWARD BOUND TRIO PROGRAM

DES MOINES AREA COMMUNITY COLLEGE—URBAN CAMPUS

High School: \_\_\_\_\_

\_\_\_\_\_ is applying for admission to the Upward Bound Program, a pre-college preparatory project at DMACC. We are interested in attracting quality applicants who wish to pursue a college education from high school. Please complete this form and return it to the student's guidance counselor. We appreciate any assistance you can give that would help us evaluate the students who apply.

**Please check the proper box as it identifies the student applicant.**

English Skills	Meets Expectations	Meets & Exceeds Expectations	Meets Expectations	Need Improvements	Unknown
Grammar					
Spelling					
Punctuation					
Writing					
Vocabulary					
Reading Habits					
Reading Skills					
General	Excellent	Meets & Exceeds Expectations	Meets Expectations	Need Improvements	Unknown
Attendance					
Self-confidence					
Maturity					
Motivation/Attitude					
Cooperative					
Interpersonal Skills					

No, I am unable to recommend this student.  
(Please comment on back.)

Yes, I recommend this student with reservation.  
(If reservation, please comment on back.)

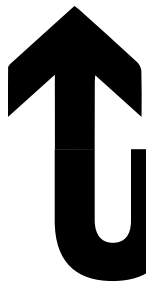
Yes, I recommend this student.

Current grade student is receiving in your class: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TEACHER: Please attach a copy of the student's permanent record and most recent grade card and return to:**  
DMACC Upward Bound, Urban Campus, 1100 7th Street, Des Moines, IA 50314



# MATH TEACHER RECOMMENDATION FORM

## UPWARD BOUND TRIO PROGRAM

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High School: \_\_\_\_\_

\_\_\_\_\_ is applying for admission to the Upward Bound Program, a pre-college preparatory project at DMACC. We are interested in attracting quality applicants who wish to pursue a college education from high school. Please complete this form and return it to the student's guidance counselor. We appreciate any assistance you can give that would help us evaluate the students who apply.

**Please check the proper box as it identifies the student applicant.**

Math Skills	Meets Expectations	Meets & Exceeds Expectations	Meets Expectations	Need Improvements	Unknown
Algebra II					
Geometry					
Trigonometry/College Algebra					
Fractions/Division					
Percentages					
Problem Solving					
General Algebra					
Classroom Participation					
General	Excellent	Meets & Exceeds Expectations	Meets Expectations	Need Improvements	Unknown
Attendance					
Self-confidence					
Maturity					
Motivation/Attitude					
Cooperative					
Interpersonal Skills					

No, I am unable to recommend this student. (Please comment on back.)

Yes, I recommend this student with reservation. (If reservation, please comment on back.)

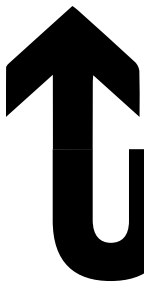
Yes, I recommend this student.

Current grade student is receiving in your class: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TEACHER: Please attach a copy of the student's permanent record and most recent grade card and return to:**  
DMACC Upward Bound, Urban Campus, 1100 7th Street, Des Moines, IA 50314



# SCHOOL RECORDS RELEASE FORM

## UPWARD BOUND TRIO PROGRAM

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### STUDENT PERMISSION

I, \_\_\_\_\_, hereby consent to the release of my junior high school, high school, and college records—including transcripts, grade report cards, test scores, course evaluations, recommendations, disciplinary records, and other information regarding my school performance to the DMACC Upward Bound program. This release is to be effective throughout my high school career and includes my final transcripts upon my graduation from a postsecondary school.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Current School: \_\_\_\_\_

College or University: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### PARENT/GUARDIAN PERMISSION

I, \_\_\_\_\_, as the parent/legal guardian of the above-named student, do hereby consent to the release of my son's/daughter's junior high school and high school records, as noted above, to the DMACC Upward Bound Program.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date