



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. post secondary 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.

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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, cultural enrichment seminars and physical education 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).



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.

Thank you for interest in the DMACC Upward Bound Program. We are looking forward to working with you. If you have any questions, contact the Upward Bound office at 248-7259 or stop by the office at the **DMACC Urban Campus, 1100 7th Street, Bldg. 3, Des Moines, Iowa 50314.**

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: <input type="checkbox"/> Male: <input type="checkbox"/>	Ethnic / Racial Information (check one) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other American Minorities <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Non-Resident Alien	
Are you a US citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, what is your citizenship?		
High School :		
Grade Level:		
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 <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Cab <input type="checkbox"/> Other <input type="checkbox"/>		
Have either of your parents/guardians with whom you live, completed and received a Bachelors degree from a four-year college or university? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	Work Hours: Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____ Sunday _____ to _____	
If yes, give the name and address of your employer:		
Work telephone number:		
Emergency Information		
In case of an emergency, contact (please print):		
Name:		
Relationship:		
Address:	City/State/Zip:	
Telephone:	Alternate Telephone:	

INCOME VERIFICATION

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 RECEIVE 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) / GUARDIANS 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

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**For Office Use Only**

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

The student is classified as:

\_\_\_\_ 1. First generation/low income    \_\_\_\_ 2. First generation    \_\_\_\_ 3. Low income only

Application is complete \_\_\_\_\_

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

Accepted \_\_\_\_\_ Denied \_\_\_\_\_

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 which 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 Improvement | 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)

\_\_\_\_\_  
Signature

\_\_\_\_\_ **Yes, I recommend this student with reservation.**  
(If reservation, Please comment on back.)

\_\_\_\_\_  
Date

\_\_\_\_\_ **Yes, I recommend this student.**

**COUNSELOR: Please attach a copy of the student's permanent record and most recent grade card and return to the Upward Bound office at:**

**DMACC Upward Bound, Urban Campus  
1100 7th Street  
Des Moines, Iowa 50314-2503**

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 which would help us evaluate the students who apply.

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

| English Skills | Excellent | Meets & Exceeds Expectations | Meets Expectations | Needs Improvement | Unknown |
|----------------|-----------|------------------------------|--------------------|-------------------|---------|
| Grammar        |           |                              |                    |                   |         |
| Spelling       |           |                              |                    |                   |         |
| Punctuation    |           |                              |                    |                   |         |
| Writing        |           |                              |                    |                   |         |
| Vocabulary     |           |                              |                    |                   |         |
| Reading Habits |           |                              |                    |                   |         |
| Reading Skills |           |                              |                    |                   |         |

| General              | Excellent | Meets & Exceeds Expectations | Meets Expectations | Needs Improvement | Unknown |
|----------------------|-----------|------------------------------|--------------------|-------------------|---------|
| Attendance           |           |                              |                    |                   |         |
| Self-confidence      |           |                              |                    |                   |         |
| Maturity             |           |                              |                    |                   |         |
| Motivation/Attitude  |           |                              |                    |                   |         |
| Cooperative          |           |                              |                    |                   |         |
| Interpersonal Skills |           |                              |                    |                   |         |

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

\_\_\_ Yes, I recommend this student with reservation.  
 (If reservation, Please comment on back.) \_\_\_\_\_  
 Date

\_\_\_ Yes, I recommend this student.

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

**COUNSELOR:** Please attach a copy of the student's permanent record and most recent grade card and return to the Upward Bound office at:

DMACC Upward Bound, Urban Campus  
 1100 7th Street  
 Des Moines, Iowa 50314-2503

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 which would help us evaluate the students who apply.

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

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

\_\_\_ No, I am unable to recommend this student.

(Please comment on back)

\_\_\_\_\_  
Signature

\_\_\_ Yes, I recommend this student with reservation.

(If reservation, Please comment on back.)

\_\_\_\_\_  
Date

\_\_\_ Yes, I recommend this student.

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

**COUNSELOR:** Please attach a copy of the student's permanent record and most recent grade card and return to the Upward Bound office at:

DMACC Upward Bound, Urban Campus  
1100 7th Street  
Des Moines, Iowa 50314-2503

**DMACC Upward Bound**

1100 7th Street  
Des Moines Iowa 50314

**SCHOOL RECORDS RELEASE FORM**

**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 post-secondary 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

**DMACC Upward Bound**  
1100 7th Street  
Des Moines, Iowa 50314

515-248-7259