

Upward Bound Application for Admission

Hosted By Saint Louis University

Our Mission

It is the mission of TRIO Upward Bound to:

- Educate students with the propensity for study in various career fields, including STEAM (Science, Technology, Engineering, Arts, and Math) areas for post-secondary
- Stimulate and sustain interest in post-secondary education, and
- Motivate low-income and potential first-generation college students to realistically consider the attainment of a post-secondary degree in STEM.



PROGRAM & APPLICATION INFORMATION

Dear Potential TRIO Upward Bound Family:

Thank you for your interest in TRIO Upward Bound. This letter is to provide you with more information about the services available at Saint Louis University and to encourage your family with the application process.

What is Upward Bound (UB)?

UB is a College Access program funded by the U.S. Department of Education and hosted by Saint Louis University. The major objective of the UB is to stimulate interest in post-secondary education and various career fields, including Science, Technology, Engineering, Arts and Mathematics. UB programs are specifically designed to assist limited-income youth (high school freshmen, sophomores, and juniors) who have the potential to be the first in their families to complete a four-year college degree.

What does UB offer?

UB Program has two components in which students are expected to participate: the academic-year component and the summer component. The academic-year program services include:

- Educational support through the Homework Assistance Program, Supplemental Instruction & Individual Academic Support
- Personal and leadership skill development
- Social and cultural programs
- Career and college exploration, campus visits, ACT test preparation, and financial aid application assistance
- Service-learning and community service opportunities

Students participating in the six-to-eight-week intensive summer component are exposed to a college-like experience that includes:

- Living in a college residence hall
- A rich, integrated, pre-college curriculum (basic through advanced)
- Experience with collaborative work groups and research projects
- Opportunities to complete college course work and earn up to eight hours of college credit (UB grads only)
- Social and cultural programs
- Career and college exploration, campus visits, ACT test preparation, financial aid application assistance
- Service-learning and community service opportunities

Focus is placed on helping students sharpen leadership skills, engage in career and college exploration, learn from guest speakers, and participate in service-learning opportunities and social and cultural outings.

What will this program cost me? FREE

All academic and student development services are provided to qualifying students at no cost. Tuition, as well as room & board for the summer component, will be paid by UB programs. Students fulfilling their responsibilities during the summer component can earn a stipend.

How successful is Upward Bound?

There are over 960 UB in the United States today. Research studies show that students in the Upward Bound program are four times more likely to earn an undergraduate degree than those students from similar backgrounds who did not participate in TRIO.

What about supervision for my child while he/she is away from home?

UB students are supervised by trained teachers, counselors, and paraprofessionals at all UB activities. UB rules of conduct are strict, and students who violate these rules are dismissed.

Who may apply?

Any student who has completed the 8th grade, currently living in St. Louis County, MO. He/she must be from a limited-income family or a family where neither the mother nor father has a four-year college degree. To be admitted, the U.S. Department of Education requires the student to be a U.S. citizen or permanent resident alien. The student must also have a "demonstrated interest in post-secondary education and various career fields; including STEAM fields (as mentioned above)" and the potential for college success as demonstrated by school grades, letters of recommendation, and standardized tests.

APPLICATION FOR
ADMISSION

- DIRECTIONS:**
- 1) Please read the program and application information prior to completing the application.
 - 2) Print or type clearly.
 - 3) Answer each question completely.
 - 4) Give special attention to directions in bold or parentheses.
 - 5) Please attach a 100–200-word essay explaining, "Why I want to be in Upward Bound."

Statement of Confidentiality:

The personal information you give to the UB program is sent the U.S. Department of Education. This information is protected by the Privacy Act. No one may see the information unless they work with or for the UB project or are specifically authorized to see the information. The information is necessary to determine your eligibility for participation and it helps the government measure our, and your, success.

STUDENT INFORMATION

APPLICATION DATE: _____ **REFERRAL INFORMATION:** How did you hear about our program? _____

STUDENT'S NAME: First _____ Last _____ MI _____

SOCIAL SECURITY #: _____ **BIRTH DATE:** _____ **AGE:** _____
(If no social security #, insert "000-00-0000." It is important that one be obtained as soon as possible.)

GENDER: Male Female **ETHNICITY:** Are you Hispanic or of Latin descent? Yes No

RACE: (Please check all that apply.) Am. Indian Asian Black/African Am. White Native Hawaiian/Pacific Islander

CITIZENSHIP STATUS: U.S. Citizen: Yes No
Permanent Resident: Yes* No If yes, Resident Alien # _____

CURRENT GRADE LEVEL: _____ **EXPECTED HIGH SCHOOL GRADUATION YEAR:** _____

T-SHIRT SIZE: _____

CONTACT INFORMATION

EMAIL ADDRESS (STUDENT): _____

CURRENT ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

TELEPHONE: (If no home/work phone number is available, you must provide an alternate name and number for messages.)

Home Telephone: (_____) _____

Work Telephone: (_____) _____

Alternate Telephone: (_____) _____ is this phone number [] student cell [] parent cell [] other

Do you have access to social media? Yes No

Do you have a Facebook? Yes No **Facebook Name:** _____

Twitter Name: _____

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PARTICIPATION INFORMATION

Has a family member ever participated in an Upward Bound program? Yes* No

*If yes, who and when? _____

Have you ever participated in any of the following programs?

- Upward Bound Math & Science Yes* No *If yes, where and when? _____
- Talent Search Yes* No *If yes, where and when? _____
- Communities in Schools Yes* No *If yes, where and when? _____
- GEAR UP Yes* No *If yes, where and when? _____
- AVID Yes* No *If yes, where and when? _____
- College Bound Yes* No *If yes, where and when? _____
- Other Federally-Funded College Access Program Yes* No *If yes, where and when? _____

ELIGIBILITY STATUS

Do either of your parents have a four-year college degree (bachelor's degree)? Yes* No

*If yes, which parent (or both)? _____

(The following information is collected only to determine eligibility for participation)

Do you have a qualifying disability as defined in section 12102 of the Americans with Disabilities Act? Yes* No

*If yes, please explain _____

Are you: Homeless In Foster Care Involved in the Juvenile Justice System

FAMILY INFORMATION

With whom do you live? Father Mother Both Parents Guardian Self Other

Mother's Name: _____	Father's Name: _____
Work Telephone: _____	Work Telephone: _____
Cell Phone (Mother): _____	Cell Phone (Father): _____
Email Address (Mother): _____	Email Address (Father): _____
Highest Grade Completed: _____	Highest Grade Completed: _____

Stepmother's Name: _____	Stepfather's Name: _____
Work Telephone: _____	Work Telephone: _____
Cell Phone (Stepmother): _____	Cell Phone (Stepfather): _____
Email Address (Stepmother): _____	Email Address (Stepfather): _____
Highest Grade Completed: _____	Highest Grade Completed: _____

EMERGENCY CONTACT PERSON: (Other than parents/guardians.)

Contact's Name: _____	Relationship to Student: _____
Home Telephone: _____	Work Telephone: _____

EDUCATIONAL DATA

SCHOOL CURRENTLY ATTENDING: _____

School Address: _____
STREET ADDRESS CITY STATE ZIP

Telephone: (____) _____ School Fax: (____) _____ Website: _____

**APPLICATION FOR
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EDUCATIONAL DATA *(continued)*

HIGH SCHOOL YOU WILL OR CURRENTLY ATTEND: _____ Last Semester GPA (per grade card): _____

CURRENT ACADEMIC LEVEL: 9th 10th 11th 12th

Counselor's Name: _____ Email Address: _____

LAST DAY OF SCHOOL FOR PREVIOUS YEAR: _____/_____/_____ EXPECTED HIGH SCHOOL GRADUATION YEAR: _____

CURRENT ACADEMIC COURSES: (Please list the courses you have taken and are currently taking below. Please also include the school year.)

CURRENT COURSES	GRADE LEVEL	SCHOOL YEAR	CURRENT COURSES	GRADE LEVEL	SCHOOL YEAR

COLLEGE INFORMATION: Which of the following are you planning to attend?

Two-Year College Four-Year College Other College _____

What are your top three college choices? _____

ACADEMIC SERVICES: (Please mark any study skills assistance you wish to receive.)

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Concentration | <input type="checkbox"/> Notetaking | <input type="checkbox"/> Textbook Comprehension | <input type="checkbox"/> Memorization |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Test Prep | <input type="checkbox"/> Outlining | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Test Anxiety | <input type="checkbox"/> Test Taking Strategies | <input type="checkbox"/> Other _____ |

APPLICATION SIGNATURES

I understand the goals, objectives, and requirements of the UB Program and agree to fulfill them. I also understand that if I do not fulfill the required goals and objectives, I will be terminated from the program. I certify that all the information I have provided is valid and correct to the best of my knowledge.

Student Signature: _____

Date: _____

I understand the goals, objectives, and requirements of the UB Program and agree to support my child in fulfilling them. I also understand that if my student does not fulfill the required goals and objectives, he/she will be terminated from the program. I certify that all the information I have provided is valid and correct to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____

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INCOME VERIFICATION

FAMILY FINANCIAL STATEMENT (To be completed by a parent or guardian.)

DIRECTIONS: One of the criteria for admission is meeting the income guidelines established by the U.S. Department of Education. Before UB can determine your son or daughter’s eligibility, UB needs the following information. Please read carefully and complete all blanks. If all information is not completed, the form cannot be processed. This information is strictly confidential and will be maintained in the office only.

This information is used only to determine program eligibility.

FAMILY SIZE:

What is the number of persons living in your household (including yourself)?

FAMILY INCOME:

Did you file an income tax return for last year Yes No the year before last year? Yes No

If no, what is the most recent year that you did file?

Year _____

FAMILY TAXABLE INCOME *(After Deductions)*

For the year indicated, please list the Taxable Income

\$ _____
(Line 15 on the 1040 form)

I certify that all information including taxable income is valid and correct.

Which of the following was the source of the above income?

(Check one or more. If you have additional income, such as child support, alimony, etc., please list each under “Other Income.”)

- Father’s Employment Company: _____ Occupation: _____
- Mother’s Employment Company: _____ Occupation: _____
- Welfare \$ _____ per month
- Social Security \$ _____ per month
- Other Income _____ \$ _____ per month

Are you eligible for veteran’s benefits? Yes* No *If yes, what kind? _____

I _____ understand that the income information provided above will be used to determine eligibility for
Print Name
_____ to participate in the Saint Louis University Upward Bound Programs. I certify that the
Print Name
information provided is accurate.

Parent/Guardian Signature: _____ Date: _____

STUDENT AGREEMENT

PARTICIPANT NAME: _____

I understand that the purpose of TRIO Upward Bound is to prepare participants to successfully complete a four-year college program. As part of my personal effort in this preparation, I commit to UB to do the following:

All Participants

- 1. I will attend school daily, unless a parent/guardian has properly excused the absence. An excessive number of absences, either unexcused or excused, will not be acceptable.
2. I will have and maintain an acceptable grade point average of a 2.5 or better and show progress each semester thereafter.
3. I will enroll in college preparatory/required classes each year in high school.
4. I will register for and take the ACT test by the end of my junior year and/or the beginning of my senior year.
5. I will attend the UB Saturday & Summer Program for the entire duration of the program.
6. I will follow all UB policies and submit all program paperwork on time.
7. I will enroll in a rigorous curriculum as identified by Missouri Department of Education to prepare for college.
8. I will continue to participate in UB until I graduate from high school.
9. I will graduate from high school and enroll in college the semester following my graduation.
10. I will communicate with the UB staff while enrolled in college.

Local Participants

- 1. I understand if my GPA is below 2.5, I am required to attend tutoring sessions unless involved in a school sponsored extra-curricular activity for which the appropriate waiver will be on file.
2. I will attend both a summer residential component, an academic year, and Saturday component.
3. I will participate in no less than 75% of all activities planned for the year including Saturday Sessions.
4. I may miss these sessions only if I am involved in a school-related activity that conflicts with the session or for illness or family emergency.
5. I will attend meetings and appointments arranged with the UB staff member to discuss my academic progress, attendance, etc.

I understand that repeated failure to comply with these guidelines will result in my expulsion from the TRIO Upward Bound program. Special activities offered by UB are privileges. Failure to meet the guidelines and expectations of UB may result in exclusion from these activities.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PARENT AGREEMENT

STUDENT NAME: _____

I understand that acceptance into the TRIO Upward Bound program brings responsibilities for my son/daughter but will also require my support and participation. The following defines (but does not limit) my responsibility as a UB parent:

1. I grant permission for my student to participate in the UB Academic Year, Saturday, and Summer Programs. I understand the UB expectation for my child to participate in programs.
2. I will attend Parent/Student Workshop: i.e. family night etc. at my students' during the Fall and Spring Semesters.
3. I will attend a minimum of two (Saturday & Summer Academy orientation and family Night) UB-sponsored activities.
4. I will attend the scheduled orientation meetings.
5. I will contact the UB office prior to any UB activity for which my student will be absent.
6. I will support the UB by volunteering when possible.
7. I agree to cooperate with the UB staff regarding my student's academic progress and goals for improvement.
8. I understand that I am to take an active role in seeing that my child is fulfilling the UB program requirements. Students who do not fulfill the requirements face probation and/or expulsion. In some cases, counseling may be required for a student to continue in UB.
9. I assume responsibility for any damage brought about by my child to the UB technology, the university, residential hall or other facilities.
10. I understand that my child may be dismissed from UB for failing to comply with the UB regulations. Immediate removal from the UB Program will occur if my child is in possession of tobacco, alcohol, drugs, firearms or other weapons during program activities.
11. I understand that my child will be sent home at the expense of my family if he/she violates the UB rules during a UB trip/activity.

Statement of Acceptance:

I have read and understand the responsibilities and expectations my student is undertaking by joining the TRIO Upward Bound program. I agree to support my student in achieving his/her goal of graduating from high school and pursuing a college education by meeting the "Parent Agreement" as listed above.

Parent Signature: _____

Date: _____

: AUTHORIZATION FOR :
: RELEASE OF RECORDS :

STUDENT NAME: _____

DATE OF BIRTH: _____

DIRECTIONS: This form must be completed by the student and the parent/guardian.

The U.S. Department of Education requires that the TRIO Upward Bound program at Saint Louis University follow and monitor the academic progress of students participating in UB by tracking secondary school graduation, college matriculation, persistence and subsequent college graduation, etc.

In consideration of (Student Name) _____ being accepted for participation in the TRIO Upward Bound program at Saint Louis University, I/we hereby specifically authorize our student's school for checking participants academic grades, all secondary and post-secondary institutions attended by (Student Name) _____ to release the following information to representatives of the TRIO Upward Bound program at Saint Louis University:

Secondary Schools:

- Achievement, aptitude proficiency, state assessments, and interest scores (ACT, PACT, SAT, PSAT, EOC, MAP scores and all other tests taken since 8th grade)
- Official transcripts
- Official copies of report cards
- Activities chart or lists of extra- or co-curricular activities
- Family background data
- Interview information from school administration, counselors, and teachers
- Special education reports, such as the Individualized Education Program (IEP)
- Health Related information during the summer residential.

Post-Secondary Schools:

- Enrollment verification information
- Transcripts or transcript information documenting academic progress
- Degree attainment information
- Interview information from school administrators
- Financial Aid records

This permission is granted for a period not to exceed ten (10) years after secondary school graduation or until this authorization is specifically cancelled by both (Student Name) _____ and his/her parent or guardian.

As a result of signing this form, the student applicant and his/her parent/guardian certify that they are providing this authorization with full understanding and voluntarily in consideration of the student applicant's participation in the TRIO Upward Bound program at Saint Louis University and to permit the Center to fulfill requirements imposed by the U.S. Department of Education, the funding agency. The records secured with this Release will not be shared with any third-party in accordance with FERPA.

Student Name (Printed)

Date

Parent/Guardian Name (Printed)

Date

Student Name (Signed)

Date

Parent/Guardian Name (Signed)

Date

NOTE: Information obtained by this form shall not be transferred to any other person or agency than that listed above without the consent of the person whose signature appears here on.

SCHOOLS: Current school may retain copy of this form for student file.