

Instructions for completing this form

- A. Read each question carefully. Complete all sections in ink. Please print legibly.
- B. If you fail to answer all necessary questions, this application may be returned to you for completion.
- C. Be sure to complete all four pages of the application. Keep this page for your records.
- D. Students should give the “New Student Nominator Form” to a counselor and/or a teacher.

Students are not eligible to participate in program activities until all application materials are submitted and approved. Application checklist:

- Income verification (signed 1040 tax form, social security statement, etc.). This is confidential and used for federal grant documentation.
- Proof of citizenship (Birth Certificate, Social Security Card, Driver’s License) or Resident Alien Status (I-94 Refugee Card, or Permanent Resident Card).
- I-STEP scores *and* academic transcripts are needed with the return of this application; these can be acquired from your school counselor. Please inform us if you need assistance obtaining these documents.
- At least one recommendation is required for admission to the program. Choose a teacher and/or a counselor who would be willing to recommend you for acceptance into Upward Bound.
- Signed student *and* parent acceptance and consent to participate in the Project.

You may send your completed application form to:

Upward Bound Project
Erickson Hall Room 431
Indiana State University
Terre Haute, IN 47809

If you have any questions about filling out this application, please call our office at 812-237-3067 or 800-382-7771

The Upward Bound Project is a federal TRIO Program, funded by the U.S. Department of Education.

ACADEMIC INFORMATION

What are your educational plans?

- I plan to continue my education after I graduate from high school.
Please list colleges/universities you are interested in attending.

- I do not plan to continue my education after high school.
- I plan to enter the Armed Forces.
- I am undecided about my educational plans.

Which of the following do you think would help you continue on to college? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Academic counseling
<input type="checkbox"/> College visit
<input type="checkbox"/> Cultural visit (museum, etc.)
<input type="checkbox"/> Financial aid counseling
<input type="checkbox"/> After-School tutoring | <input type="checkbox"/> Career interest activities & testing
<input type="checkbox"/> Job shadowing (career visit)
<input type="checkbox"/> Personal growth (motivation, self-esteem, etc.)
<input type="checkbox"/> Post-secondary information/counseling
<input type="checkbox"/> ISTEP/SAT preparation |
|---|--|

FAMILY INFORMATION

Is the student a ward of the state? _____

Mother/Female Guardian: _____ Living at Home? _____

Place of Employment: _____ Work Phone: _____

Highest grade/year in elementary, high school, or college completed: _____

Father/Male Guardian: _____ Living at Home? _____

Place of Employment: _____ Work Phone: _____

Highest grade/year in elementary, high school, or college completed: _____

Has either Parent received a Bachelors Degree from a 4 year College: ___Yes ___No

If so, which parent and what is their degree: _____

Parental signature below verifies that the above statements are true and each parent's educational attainment level is accurate.

Parent/Guardian Signature: _____ Date: _____

FAMILY FINANCIAL STATEMENT
(This page should be completed by the parent or guardian)

A. Circle the number of those living in your home. Include yourself and anyone supported by your household income.

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) other _____

B. Circle the range that matches your household income level. (This is the taxable income of the parent or guardian: Line 42 on 1040 or Line 27 on 1040A or Line 6 on 1040EZ.)

- | | |
|-------------------|-------------------|
| \$0 – 16,245 | \$38,686 – 44,295 |
| \$16,246 – 21,855 | \$44,296 – 49,905 |
| \$21,856 – 27,465 | \$49,906 – 55,515 |
| \$27,466 – 33,075 | \$55,516 – Above |
| \$33,076– 38,685 | |

Please circle the documentation you are providing:

(Tax Forms) (SSI Benefits) (AFDC/Food Stamps) (Statement of no taxable income)

By signing here, I certify that the information provided is true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

CONTRACTS/RECORDS & PERMISSION

Acceptance into Indiana State University’s Upward Bound Project brings with it certain responsibilities, both for the student and parent/guardian and Project. Conditional upon federal funds, the Project will provide summer programs (6 weeks) and academic year programs (September through May). As a member of the Upward Bound Project, each student must meet the following minimum responsibilities.

- 1.) Completion of each summer Program (attend classes/activities and abide by program regulations).
- 2.) Participate in academic year activities:
 - a. Attend bi-monthly Saturday sessions;
 - b. Participate in Supplemental Sessions
- 3.) Demonstrate consistent evidence of individual effort for class attendance and academic achievement at respective high school, e.g., maintain 2.00 overall Grade Point Average.
- 4.) Maintain appropriate standards of personal conduct while participating in their high school and Project activities and events

If these responsibilities are not met, membership in the Upward Bound Project is subject to termination.

STUDENT STATEMENT OF ACCEPTANCE

I understand that membership to the ISU Upward Bound Project carries responsibilities and standards of behavior. Upon acceptance to Upward Bound, I will be given a Code of Conduct, and I understand that I can be dismissed from the Project should I fail to abide by those rules and regulations. I understand that Upward Bound participants are eligible stipends up to \$40 per month for participating. The amount of the stipend is contingent upon active participation and involvement in program activities.

Date

Signature of Applicant

PARENT STATEMENT OF ACCEPTANCE AND CONSENT

We hereby grant our permission for the above-named student to participate fully in the Upward Bound summer and academic year programs. We understand our signature means that we assume responsibility for his/her safety and conduct while he/she is participating in the activities of the program. We understand that part of our responsibility includes close cooperation with members of the Upward Bound staff. We further give our permission for the Upward Bound Project to receive any academic records as may be necessary for the Project from our child’s Middle School and/or High School.

Date

Parent’s/Guardian Signature



New Student Nominator Form



The following pages must be completed by the person nominating the student for admissions into Indiana State University's Upward Bound Program

Dear High School Counselor or Teacher:

The student named on the nominator form is applying for acceptance into the Upward Bound Project at Indiana State University and requests that you complete this form. Only applicants with a completed nominator form will be considered.

The Upward Bound Project has been in existence at Indiana State University since 1967 and is funded through the United States Department of Education selected for this Academic Year and Summer Phase program must meet low-income criteria, parent(s)/guardian(s) must not have a bachelor's degree, and must demonstrate a need for academic support.

As you answer the questions on the nominator form, please keep in mind the qualities and characteristics we expect in applicants. These include:

1. Motivation and potential to complete a postsecondary degree.
2. Respect of self, others and surrounding environment.
3. The ability to achieve academically both at the secondary and postsecondary level
4. Desire to attend and complete a postsecondary academic program.

Please be candid in your answers. If you have questions or need additional information, please feel free to contact a staff member with the Indiana State University Upward Bound Project at 1-800-382-7771 (toll free) or 1-812-237-3067 (local). It is our desire to select participants with the combined characteristics of greatest need and potential for success.

Thank you for your cooperation.



New Student Nominator Form



Student's name: _____ Date: _____

Nominator's name: _____

Relationship to student (Please circle one) Teacher Counselor Other (Please Specify) _____

Please describe the student's attendance:

Perfect Attendance _____ Missed only 1-2 days/semester _____

Missed more than 3-9 days/semester _____ Other (Please Specify) _____

How well does the student get along with peers in the classroom?

Very well 1 2 3 4 5 Very Poorly

What is the nature of this student's class work and homework assignments?

High Quality 1 2 3 4 5 Poor Quality

All work turned in 1 2 3 4 5 No work turned in

All work in on time 1 2 3 4 5 Work always late

Have you had any behavioral or discipline problems with this student?

No _____ Yes _____

If yes, how often? Once _____ Occasionally _____ Continually _____

Please briefly describe the nature of this/these problem(s):

Has the student given you any indication of his/her educational and/or career plans?

Yes _____ No _____

If yes, what are they?

Please rate the student in the following areas:

	<u>Poor</u>				<u>Excellent</u>	<u>No Basis to Judge</u>
Original thinking	1	2	3	4	5	N/A
Analytic ability	1	2	3	4	5	N/A
Participation in extracurricular activities	1	2	3	4	5	N/A
Peer Relations	1	2	3	4	5	N/A
Maturity	1	2	3	4	5	N/A
Integrity	1	2	3	4	5	N/A
Interest in learning	1	2	3	4	5	N/A
Commitment to education	1	2	3	4	5	N/A
Ability to work independently	1	2	3	4	5	N/A
Oral and written expression	1	2	3	4	5	N/A

Is there any additional evidence that you can offer that would make this student a particularly strong candidate for the Project?

Based on your observations and/or knowledge of the student, please rank the areas of need that are most applicable to this student from 1-3:

- | | |
|--|--|
| _____ Low Grade Point Average | _____ Lack of career goals or need for accurate career information |
| _____ Low standardized test scores | _____ Lack of confidence, self-esteem, or social skills |
| _____ Low educational aspirations | _____ Low income family and/or community |
| _____ Lack of opportunity or support in taking challenging course work | _____ High interest in math and/or science |

Date

Nominator's Signature