

The personal information you provide on this application is required by the Federal Government and is protected under the Privacy Act. This information is necessary to determine eligibility and helps the government to measure student success. The Department of Education has authority to gather information to help make Upward Bound a better program (20 USC 1231a). If this information is not provided to the Upward Bound Program and the Department of Education, your child cannot receive any benefits of this program.

PLEASE COMPLETE FORM IN INK

SECTION I : STUDENT INFORMATION

- Name _____ Preferred name: _____
Last First Middle
- Social Security # _____ - _____ - _____
- Date of Birth ____/____/____
- Female Male
- Circle shirt size: S M L XL 2XL 3XL 4XL
- Mailing Address: _____
Street/PO Box # City State Zip
- Home Phone # (____)____-_____
- Student Mobile Phone # (____)____-_____
- Is the applicant a U.S. citizen? Yes No
- With which of the following racial/ethnic identities does the applicant identify? (check all that apply)
Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
Black or African American Hispanic or Latino White Other_____
- Has the applicant ever been suspended or expelled from any school? Yes No
- Has the applicant ever been convicted of a criminal offense? Yes No

SECTION II: STUDENT ACADEMIC INFORMATION

- High school attending: Central Eastside Ridgeview
- Present grade level: 8th 9th 10th 11th
- Does the applicant currently follow an *Individualized Education Program (IEP)*? Yes No
- Has the applicant ever attended an Alternative Education school? Yes No
- List any extra-curricular activities in which the applicant is involved (clubs, sports, hobbies, etc.):

- What are the applicant's interests following high school graduation? (Check all that apply)
4-year college 2-year college Vocational/Technical Military Other_____

FOR OFFICE USE ONLY

- APPLICATION TEACHER RECOMM. ESSAY INCOME VERIFICATION TRANSCRIPT SOLS INTERVIEW

DATE RECEIVED: _____

UPDATED: 9/7/15

SECTION III: HOUSEHOLD INFORMATION

1. Is the applicant in foster care? Yes No
2. With whom does the applicant live: Mother & Father Mother only Mother & Stepfather
 Father only Father & Stepmother Grandparents
 Other (specify) _____

Mother/Legal Female Guardian Information (fields 3 – 6)

3. Name _____ Check here if deceased
4. Mobile Phone # (____) _____ - _____
5. Highest education level attained: Did not finish high school GED High school graduate
 Certificate/Technical degree Associate's Bachelor's or higher
6. Employer _____

Father/Legal Male Guardian Information (fields 7 – 10)

7. Name _____ Check here if deceased
8. Mobile Phone # (____) _____ - _____
9. Highest education level attained: Did not finish high school GED High school graduate
 Certificate/Technical degree Associate's Bachelor's or higher
10. Employer _____

11. Please list any family members that have participated in any Upward Bound program:

NAME	RELATION TO APPLICANT	UB PROGRAM ATTENDED

SECTION IV: FAMILY FINANCIAL INFORMATION

1. Does your household receive any of the following benefits? No Yes *If yes, please list case number:*
 TANF # _____ SNAP # _____ FDPIR # _____
2. Did your household file a **FEDERAL INCOME TAX** return for the most recent year?

YES – If you DID, please complete this section:

- How many **DEPENDENTS** were claimed on the tax return? _____
- What was the total household **TAXABLE** income: \$ _____
- A copy of your most recent return that shows "**DEPENDENTS**" and "**TAXABLE INCOME**" is *required* to accompany your student's application.

NO – If you DID NOT, please complete this section:

- How many persons live in your household? _____
- Please indicate all sources of household income below:

<u>INCOME TYPE*</u>	<u>AMOUNT/FREQUENCY</u>
<input type="checkbox"/> Employment	\$ _____ per _____
<input type="checkbox"/> Social Security	\$ _____ per _____
<input type="checkbox"/> Disability	\$ _____ per _____
<input type="checkbox"/> Child Support/Alimony	\$ _____ per _____
<input type="checkbox"/> Other _____	\$ _____ per _____

*Documentation verifying this income is *required* to accompany your student's application.

SECTION V: PERMISSION & ACKNOWLEDGEMENTS

-Parent/Legal Guardian Section-

My signature below signifies that I, as the parent/legal guardian of _____, give my permission for him/her to participate in the Upward Bound program at The University of Virginia's College at Wise. I attest that all personal and financial information provided on this application is accurate and true to best of my knowledge.

My signature below grants authorization for my child's academic records (grades, transcripts, test scores, post-secondary/dual enrollment records) to be released to the Upward Bound program at the University of Virginia's College at Wise. I understand that these records will be requested as needed for as long as is necessary to enable Upward Bound to satisfy program performance and reporting requirements.

My signature below grants Upward Bound my permission to display, distribute, publish, transmit, or otherwise use photographs, images, and/or video of my child, named above, in program-related materials that include, but may not be limited to, printed materials, videos, and digital images displayed on the program's websites.

My signature below indicates that I agree to ensure the transportation of my child to and from all Upward Bound tutorials, meetings, and other events. I acknowledge that my child's eligibility to receive services provided by Upward Bound is contingent upon his/her active and ongoing participation in the program, and that I will support my child's pursuit of a post-secondary degree to the best of my abilities throughout his/her involvement in Upward Bound.



Parent/Legal Guardian Signature

Date

Print Parent/Legal Guardian Name

-Student Section-

My signature below indicates that all information I provided on this application is accurate and true to the best of my knowledge. I agree to be an active participant in the Upward Bound program, and I acknowledge that my continued eligibility to receive services provided by Upward Bound is contingent upon adhering to program policies and maintaining a satisfactory participation level as determined by program personnel.

My signature below grants authorization for my academic records (grades, transcripts, test scores, post-secondary/dual enrollment records) to be released to the Upward Bound program at the University of Virginia's College at Wise. I understand that these records will be requested as needed for as long as is necessary to enable Upward Bound to satisfy program performance and reporting requirements



Student Signature

Date

Print Student Name

What's next?

The Upward Bound Application Process

1. Applicant submits ALL required information:
 - Completed and signed application
 - Income verification (see section IV)
 - Applicant Essay Form
 - Teacher Recommendation Form
 - Transcripts and SOL scores
2. Student meets with a UB representative during a school visit.
3. All application materials are reviewed to determine eligibility.
4. Student receives notification in mail.

QUESTIONS? **CONTACT US!**

UVA-Wise Upward Bound
Zehmer Hall 147
1 College Ave
Wise, VA 24293

Phone: 276-328-0715
Fax: 276-376-0198

TO THE STUDENT: Detach this sheet from the rest of the application and give it to a teacher or guidance counselor to complete.

TO THE TEACHER/COUNSELOR: Thank you for taking the time to assist with this student's application to the UVA-Wise Upward Bound program. UB is a federally funded program that strives to help eligible students develop the skills and competencies needed to successfully complete a post-secondary degree program following high school graduation. Please provide the information requested below to help us determine the student's potential for success as an Upward Bound participant. Upon completion, please submit the form to our office via one of the options below - **DO NOT return the form to the student.** We encourage you to contact us with questions, or to discuss the student's recommendation in greater detail.

STUDENT NAME: _____ **SCHOOL:** Central Eastside Ridgeview

1. How long have you known the applicant? _____
2. In which course(s) was/is the applicant a student of yours? _____
3. Please evaluate the relationship between the student's academic performance and his/her demonstrated ability:

4. How would you describe the applicant's interpersonal skills? _____

5. Please describe the applicant's class behavior and attendance: _____

6. How would you describe the applicant's general attitude towards school and education? _____

7. Does the applicant show respect for peers, teaching staff, and school personnel? _____

8. In your opinion, what are the applicant's biggest opportunities for growth? _____

9. We would appreciate any additional comments regarding the applicant's capacity to prepare for and attain a post-secondary degree: _____

10. How would you recommend the applicant for the UVA-Wise Upward Bound Program? (Check one):
 I *strongly recommend* this student for participation. I *recommend* this student for participation.
 I recommend this student *with reservations*. I *do not recommend* this student.

Signature: _____ **Date:** _____

Print name: _____ **Email:** _____

Please return the completed form to our office via one of the following:

✓Scan and email to jam5bt@uvawise.edu

✓Fax to 276-376-1098

✓Submit to your school's guidance office and ask them to forward it to our office