# **Upward Bound Program**

Are you interested in learning more about college, making new friends, and exploring new places?

Upward Bound can help with all of those things and so much more!

Upward Bound is a college-prep program for high school students. You can apply if neither of your parents has a 4-year college degree and/or you meet certain income guidelines. (Guidelines can be found on our website)

If you are interested in joining, fill out the application and turn it into your school counselor.

## Why Should I Join?

Various Field Trips
Career Exploration
Free ACT Test and Prep
Scholarship Information
Community Involvement
Social and Leadership Skills
Tutoring and Academic Help
College information and Tours
Job shadowing experience
New Friendships
Life Long Memories





P.O. Box 1000 – Park Hills, MO 63601 FAX 573.518.2168 – Phone 573.518.2156

#### **Membership Application**

Pate:	<del></del>			
egal Name (Last, F	irst, Middle):			
: □ Male □ Fem	nale			
urity #:				
		Grade:		
			_	
ell Phone Number:				
ou live with? (Pleas	e Print & mark a nu	mber order in whic	h to contact)	
	Nama	Cell	Home	Work
	Name	Number	Number	Number
Natural Father				
Natural Mother				
Stepfather				
Stepmother				
Male Guardian				
Female Guardian				
Other				
Other				
	egal Name (Last, First Male   Femerate   Femerate   Femerate   Femerate   Femerate   Femerate   Femerate   Female Guardian   Other	egal Name (Last, First, Middle):    Male   Female     Tth:	egal Name (Last, First, Middle):	egal Name (Last, First, Middle):    Male   Female

For Office	ee Use Only:
JICS#:	
MOSIS#:	

# **Upward Bound Eligibility – 5 steps**

	Date:
11441 000	
Phone number:	
1. Citizenship	
Are you a U.S. citizen? □ Yes □ No If no, list	status
2. Education	
Does the student's natural or adoptive parent have a I If yes, list person with degree, type of degree, and natural or adoptive parent have a I	
List amount from <b>Line 15</b> of your 2023 taxes here	(this is your taxable income)
List amount from <b>Line 15</b> of your 2023 taxes here Check this box if you do NOT plan to file your 2023	federal tax return  (this is your taxable income)
List amount from <b>Line 15</b> of your 2023 taxes here Check this box if you do NOT plan to file your 2023 List everyone who lives in your household and how to	federal tax return  (this is your taxable income)
3. Income - Information from 2023 federal income.  List amount from Line 15 of your 2023 taxes here. Check this box if you do NOT plan to file your 2023. List everyone who lives in your household and how to the student should be listed first.  NAME	federal tax return  (this is your taxable income)
List amount from <b>Line 15</b> of your 2023 taxes here Check this box if you do NOT plan to file your 2023 List everyone who lives in your household and how to the student should be listed first.	this is your taxable income) federal tax return □ hey are related to the student.
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4. Academic support	
Check at least one of these boxes to show that you need academic support.	
☐ Low educational aspirations	
☐ Lack of opportunity, support, and/or guidance to take challenging college prepare	ration courses
☐ Lack of career goals and/or need for accurate information on careers	
☐ Lack of confidence, self-esteem, and/or social skills	
☐ Predominately low-income community	
☐ Rural isolation	
☐ Interest in careers in math and science	
☐ Diagnosed learning disability	
□ Other	
5. Sign and date	
I certify that the income, education and household information are true and correct a	and understand that
deliberate misrepresentation of the information may result in prosecution under appl	licable state and federal
laws.	
Parent/Guardian Signature	Date
1 W. C.L.W. C. G. W. C. L. G. L. W. C.	2
Student Signature	Date
2000000 21 <b>g</b>	2
For Office Use Only:  This student qualifies for participation in Upward Bound. He/She is:	
Low Income	
☐ First Generation	
☐ High Risk (check at least one)	
☐ Student did not achieve at the proficient level on state assessments in reading/lang	guage arts and/or math
☐ GPA for the most recent school year was 2.5 or less	
☐ At the beginning of 10 <sup>th</sup> grade, student had not completed pre-algebra or algebra or	course
D'	
Director Signature Date	

### RECORDS RELEASE

Stude	ent Name:		
		(Print)	
High	School Name:		
A.	High School Records Release		
	authorize release of transcripts, test so	for acceptance into the Upward Bound preores, attendance, discipline records, IEP, sing to my child's academic progress in sege.	504 and other
B.	Future Follow-Up Activities Release		
	school to release the same information release of each semester's class sched	I for participation in Upward Bound, I here in annually to the Upward Bound project. I lule, a final transcript verifying graduation to provide the requested information until r after the student graduates.	further authorize the , and other pertinent
C.	College Records Release		
	their post-secondary education. I give	vard Bound to track participants through the my permission to any college I attend or lets, FAFSA information, and any degrees can College.	have attended to
		/	
	Student Name – Print Name	Student Signature	Date
	Parent/Guardian - Print Name	Parent/Guardian Signature	Date

These records may be sent directly to: Upward Bound Mineral Area College P.O. Box 1000 Park Hills, MO 63601-1000

573-518-2156 Fax: 573-518-2168

## **Other Information - Optional**

TO BE COMPLETED BY PARENT OR GUARDIAN. The information on the remainder of this page is optional. It is used for federal reports or to assist in accommodating students.

optional. It is used for federal reports or to assist in accommodating stations.
Is your ethnic group Hispanic/Latino?
Is English the primary language you speak at home? □Yes □No If no, list primary language
Do you have a physical handicap? □Yes □No If yes, please describe
Are you homeless? □Yes □No
Do you have an Individualized Educational Plan (IEP) or receive special services at your school? □Yes □No If yes, please describe
Have you been involved with the juvenile justice system? □Yes □No  If so, list date and incident
Do you have a diagnosed learning disability? □Yes □No If yes, please describe
Are you in foster care? □Yes □No
The personal information you give to Upward Bound will be sent to the Department of Education. The information is protected by the Privacy Act. No one may see the information unless he or she works with or 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 program 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 this program.  Privacy Act Statement – In accordance with the <i>Privacy Act of 1974</i> (Public Law No. 93-579, 5 U.S.C. 552A), you are hereby notified that the Department of Education is authorized to collect information, including Social Security numbers (SSNs), to implement the Upward Bound program under Title IV of the <i>Higher Education Act of 1965</i> , as amended (Pub. Law 102-325, sec. 402A and 402C). In accordance with this authority, the Department receives and maintain personal information on participants in the Upward Bound Program. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participants' academic progress. Your SSN is collected only to serve as the unique identifier for matching participant records across years. Providing the information on this form, including the SSN, is voluntary; failure to disclose a SSN will not result in denial of any right, benefit, or privileg to which the participant is entitled. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of official duties. The information will not be disclosed outside of the Department, except as allowed by the <i>Privacy Act of 1974</i> pursuant to the routine uses identified in the S
This represents 100 percent of the program cost. Mineral Area College provides 25% of indirect funds annually in support of this program. If you have special needs as addressed by the Americans with Disabilities Act and need this publication in an alternative format, notify us at the telephone number below. Reasonable efforts will be made to accommodate your special needs. Mineral Area College does not discriminate on the basis of race, color, national origin, gender disability, age, religion, creed, or marital or parental status. For more information, call the Title VI, Title IX, Section 504, and ADA Coordinator at 573-431

Forms to be completed or furnished by the school:

4593 or U.S. Department of Education, Office of Civil Rights.

☐ Current Transcript, Test Scores, EO	OC results, Middle School Achievement	Test  Attendance Information Discip	line Report
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