

# Upward Bound Program

## 2025 Application

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 more!

Upward Bound is a **FREE** college-prep program for high schoolers.

You can apply if neither of your parents have a 4-year college degree **and/or** you meet certain income guidelines.  
(Guidelines can be found on our website)

If you want to join, 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

Visit our website for more info.



**MAC TRIO**  
Upward Bound



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

**Membership Application**

Today's Date: \_\_\_\_\_

Student Legal Name (Last, First, Middle): \_\_\_\_\_

Sex:  Male  Female

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_

Who do you live with? (Please Print & mark a number order in which to contact)

Contact Order		Name	Cell Number	Home Number	Work Number
	Natural Father				
	Natural Mother				
	Stepfather				
	Stepmother				
	Male Guardian				
	Female Guardian				
	Other				
	Other				

**For Office Use Only:**  
 JICS#: \_\_\_\_\_  
 MOSIS#: \_\_\_\_\_

# Upward Bound Eligibility – 5 steps

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Student Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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 bachelor's (4-year college) degree?  Yes  No  
If yes, list person with degree, type of degree, and name of college that issued the degree.

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## 3. Income - Information from 2024 federal income tax form required

List amount from **Line 15** of your **2024 taxes** here \_\_\_\_\_ (this is your taxable income)

Check this box if you are *NOT* going to file a 2024 federal tax return

List everyone who **lives in your household** and how they are related to the student.

List the student on the first line.

NAME	RELATION TO APPLICANT
	Student

Are you an orphan?  Yes  No

Are you a ward of the court?  Yes  No If yes, what circuit or county? \_\_\_\_\_

#### 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 preparation 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 and understand that deliberate misrepresentation of the information may result in prosecution under applicable state and federal laws.

Parent/Guardian Signature

Date

Student Signature

Date

#### 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/language 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 course

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

# **RECORDS RELEASE**

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Student Name: \_\_\_\_\_  
(Print)

High School Name: \_\_\_\_\_

A. High School Records Release

The above-named student is applying for acceptance into the Upward Bound program. I hereby authorize release of transcripts, test scores, attendance, discipline records, IEP, 504 and other pertinent reports since grade 7 pertaining to my child's academic progress in school to the Upward Bound project at Mineral Area College.

B. Future Follow-Up Activities Release

If the student named above is selected for participation in Upward Bound, I hereby authorize the school to release the same information annually to the Upward Bound project. I further authorize the release of each semester's class schedule, a final transcript verifying graduation, and other pertinent information. The school can continue to provide the requested information until I rescind this permission in writing or until one year after the student graduates.

C. College Records Release

The federal government requires Upward Bound to track participants through the completion of their post-secondary education. I give my permission to any college I attend or have attended to provide proof of attendance, transcripts, FAFSA information, and any degrees completed to the Upward Bound project at Mineral Area College.

\_\_\_\_\_ / \_\_\_\_\_

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.**

Is your ethnic group Hispanic/Latino?  Yes  No

Are you

- White
- Asian
- Black or African-American
- American Indian/Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Race Unknown

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 *Privacy Act of 1974* (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 *Higher Education Act of 1965*, as amended (Pub. Law 102-325, sec. 402A and 402C). In accordance with this authority, the Department receives and maintains 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 privilege 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 *Privacy Act of 1974*, pursuant to the routine uses identified in the System of Records Notice titled "TRIO Programs Annual Performance Report (APR) System (TRIO APR)."

The Mineral Area College Upward Bound programs are TRIO programs funded with a five-year, \$2,942,385 grant from the U.S. Department of Education. 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 573-431-4593 or U.S. Department of Education, Office of Civil Rights.

**Forms to be completed or furnished by the school:**

Current Transcript, Test Scores, EOC results, Middle School Achievement Test  Attendance Information  Discipline Report