

# Upward Bound

APPLICATION FOR  
ADMISSION



**STUDENTS**  
complete white  
pages.

**PARENTS/GUARDIANS**  
complete **yellow** pages  
and highlighted areas.



**TRIO**  
UPWARD BOUND

FINANCED BY THE US  
DEPARTMENT OF EDUCATION.

**STUDENT INFORMATION PLEASE PRINT**

1. Full name: \_\_\_\_\_  
(First) (Middle) (Last)

2. Home address: \_\_\_\_\_  
(Number and Street) (City) (Zip)

3. Mailing Address: \_\_\_\_\_  
(PO Box Number/ Number and Street) (City) (Zip)

4. County of residence: \_\_\_\_\_

5. Student's Social Security No.: \* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Current Age: \_\_\_\_\_

*\*Why do we request your social security number? See the last page of this application for an explanation.*

6a. Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ 6b. Gender: Male \_\_\_\_ or Female \_\_\_\_

7a. Your Cell Phone: (\_\_\_\_) \_\_\_\_\_ 7b. Your Home Phone: (\_\_\_\_) \_\_\_\_\_

7c. Email \_\_\_\_\_

8. I am a student at: \_\_\_\_\_ Current Grade: \_\_\_\_\_

9. Are you Hispanic or Latino? Yes \_\_\_\_ or No \_\_\_\_

10. Please identify your ethnicity (choose **all** that apply):

American Indian/Alaskan Native \_\_\_\_ Asian \_\_\_\_ Black or African American \_\_\_\_

White \_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_ None of the above \_\_\_\_

11. Student's primary spoken language:

English \_\_\_\_ Spanish \_\_\_\_ Other (specify) \_\_\_\_\_

12. Disability Disclosure: Applicants with disabilities or any other barriers are encouraged to self-disclose their disability in the space provided below. This information is voluntary and for reporting purposes only. All information will be kept confidential and will not be used to deny you services.

\_\_\_\_ Yes, I would like to disclose a disability

\_\_\_\_ No, I would not like to disclose a disability

If yes, please explain any accommodations you require:

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## UPWARD BOUND SELF EVALUATION

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1. I feel my grades are (check all that apply):

- Lower than they should be       Average       Above average  
 A poor indication of my abilities       An accurate reflection of my abilities

2. Are your grades as good as they could be?    Yes  or No

2a. If "no" why are your grades not as good as they could be?

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3. On a scale of 1-5 (1=very poor, 5=very good), I rate my ability in each of these subjects as follows:

	Very Poor		Average		Very Good
English.....	1	2	3	4	5
Math.....	1	2	3	4	5
Foreign language (Spanish, French, German)....	1	2	3	4	5
Science.....	1	2	3	4	5
Social Studies (history, government).....	1	2	3	4	5

4. Two occupations I find interesting are:    1. \_\_\_\_\_

2. \_\_\_\_\_

5. While in high school, I plan to take the following number of **years** for each class below:

English.....	1	2	3	4	5
Math.....	1	2	3	4	5
Foreign language (e.g., Spanish, French, or German).....	1	2	3	4	5
Science.....	1	2	3	4	5
Social Studies (history, government).....	1	2	3	4	5

6. After high school, I think I have the ability to attend (check all that apply):

- Technical College       2-Year College       4-Year College  
 Other (specify): \_\_\_\_\_  No further schooling

7. In the classroom I (check all that apply):

- Ask few questions       Can't wait for class to be over  
 Ask many questions       Do not pay attention  
 Am shy       Interact well with my teachers  
 Am disruptive       Interact well with my classmates  
 Do not participate       Participate in classroom discussions

8. Last year I was absent from school (excused and unexcused):

Less than 1 week     1-2 weeks     2-4 weeks     More than 4 weeks

9. When I'm with classmates I tend to feel (check all that apply):

Stupid     Anxious     Outgoing; talkative     Disliked  
 Quiet     Respected     Like a follower     Smart  
 Happy     Trusted     Like an outsider     Popular  
 Shy     Like a leader     Very confident     Bored

10. The following best describes the extent of my travels:

Locations 1 to 2 hours from my home  
 Various towns/cities throughout Wisconsin  
 Locations primarily in the Midwest (ex. WI, MI, MN, IL)  
 Locations outside of the Midwest (name states) \_\_\_\_\_  
 Locations out of the country (name countries) \_\_\_\_\_

11. Check all circumstances which might prevent you from attending college (check all that apply):

Lack of financial aid     Housing concerns     Family obligations  
 Lack of transportation     Poor grades     Lack of money for living expenses  
 Lack of emotional support     Lack of motivation  
 No one to help me through the process  
 Parents/Guardians do not want me to attend  
Other (specify): \_\_\_\_\_

12. Rate how much you like school:

1                      2                      3                      4                      5  
Dislike very much                      OK                      Like very much

13. Rate how you think teachers care about you as a student:

1                      2                      3                      4                      5  
Don't care very much                      OK                      Care very much

14. If you took a field trip with Upward Bound, what is the maximum number of nights away from home you think you would be comfortable?

0                      1                      2                      3                      4                      5+

15. Do you believe you will attend the on-campus six-week summer programs?

Yes     No     Unsure

NOTE: You may use additional paper if you need more room for questions 16 -.20

16. Why do you want to be in the Upward Bound program?

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17. Thinking about areas of your life outside of the classroom...

17a. What do you consider one of your personal strengths?

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17b. What do you consider one of your personal weaknesses?

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17a. How do you think the summer program will benefit you?

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18. What are your current plans for after high school? Is there anything that may prevent you from going to and succeeding in college?

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19. Do you think you will graduate from your current high school?     Yes     No

19a. If "no" why not?

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20. Tell us about a person who had a big influence on your life? What character traits best describe them?

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▶ Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**1. CONTACT INFORMATION FOR YOUR PARENT #1/ LEGAL GUARDIAN**

Check here if this item does not apply \_\_\_\_\_

Full name: \_\_\_\_\_  
(First) (Middle) (Last)

Address and Phone Number: If same as Student's, check here \_\_\_\_\_

Home address and phone number if different than Student's:

\_\_\_\_\_  
(Number and street) (City) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Best time to reach you by phone? \_\_\_\_\_

May we call you at work? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Currently not working

If "Yes" please provide a work phone number: (\_\_\_\_) \_\_\_\_\_

Alternative phone number (optional): (\_\_\_\_) \_\_\_\_\_

**2. CONTACT INFORMATION FOR YOUR PARENT #2/ LEGAL GUARDIAN**

Check here if this item does not apply \_\_\_\_\_

Full name: \_\_\_\_\_  
(First) (Middle) (Last)

Address and Phone Number: If same as Student's, check here \_\_\_\_\_

Home address or phone number if different than Student's:

\_\_\_\_\_  
(Number and street) (City) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Best time to reach you by phone? \_\_\_\_\_

May we call you at work? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Currently not working

If "Yes" please provide a work phone number: (\_\_\_\_) \_\_\_\_\_

Alternative phone number (optional): (\_\_\_\_) \_\_\_\_\_

**ELIGIBILITY VERIFICATION**  
**To be Completed by the Parent or Legal Guardian**

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1. Print student's full name: \_\_\_\_\_

2. Is this student a legal citizen of the United States?     Yes     No

3. At any time, were both the child's natural or adoptive parents deceased, were they in foster care, in legal guardianship or were they a dependent or ward of the court?     Yes     No

**FIRST GENERATION VERIFICATION**

Your first generation status is determined based on your natural or adoptive parents only. Do not use stepparent, grandparent, or legal guardian information to answer this question.

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**Parent #1**(Mother/Father)

Name: \_\_\_\_\_

**Answer only if Parent #1 is the natural or adoptive parent**

Parent #1 has earned a 4 year college degree  
(Bachelor's degree)    Yes     No

**Parent #2**(Mother/Father)

Name: \_\_\_\_\_

**Answer only if Parent #2 is the natural or adoptive parent**

Parent #2 has earned a 4 year college degree  
(Bachelor's degree)    Yes     No

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**INCOME VERIFICATION**

**Instructions for completion:**

- If you live with both of your natural or adoptive parents use their tax return to complete the Income Statement
- If you live with a parent and their spouse (your stepparent) use their tax return to complete the Income Statement
  - If you only live with one parent, your other parent's income is NOT included anywhere in the Income Statement
- If you live with a grandparent, other relative, or legal guardian/s/ use ONLY your tax return to complete the Income Statement

**INCOME STATEMENT**

Please write out a statement telling us how many people are in your family (include anyone who lives in your household and receives support from your parents) and what your parent/guardian's taxable income was for 2016. If you live with a relative or are in legal guardianship you are a family of one and the income is based solely on your income.

**Application will not be considered unless your income for 2016 is written out in a statement following this example.**

EXAMPLE:

*There are 3 people in my family and our taxable income was \$14,510.00 for 2016.*

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**Your 2016 taxable income can be found on IRS form 1040 – line 43; 1040A – line 27; or 1040EZ – line 6.**

I certify that the information provided on this page is accurate.

▶ \_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

▶ \_\_\_\_\_  
Print Name

# AUTHORIZATION TO DISCLOSE INFORMATION TO FORWARD SERVICE CORPORATION

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

WHAT: I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange) of all education records and other information directly or indirectly related to my child's education and career development. This includes specific permission to release:

- √ [Progress records, including official](#) student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- √ Medical and/or related health records
- √ Psychological evaluations or social work reports
- √ [Law enforcement records](#)
- √ Multidisciplinary team evaluations and related reports
- √ Individual education programs
- √ [Behavioral records](#)
- √ [National Student Clearinghouse data for enrollment verification and tracking purposes](#)

\_\_\_\_ Other (specify): \_\_\_\_\_

FROM WHOM: School district my child is enrolled (please name): \_\_\_\_\_

TO WHOM: Forward Service Corporation employees assigned to the Upward Bound program.

PURPOSE: To determine Upward Bound program eligibility, to develop and implement an Upward Bound program plan, and to evaluate progress in the program for the student named above.

## **For all participants regardless of age:**

\_\_\_\_\_  
Signature of Student

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Student's Name

## **For all participants under the age of 18:**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Parent/Legal Guardian's Name



**CONTRACT AGREEMENT**  
**To Be Completed by the Student and the Parent or Guardian**

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Student's Name: \_\_\_\_\_

Student's School: \_\_\_\_\_

**Participant Contract**

Participation in Upward Bound (UB) is a privilege and a commitment. If I am accepted into the UB program, I understand that participation requires:

1. Participate fully in the academic year program.
  - a. Attend weekly meetings with your UB instructor.
  - b. Meet with UB staff when conferences are scheduled.
  - c. Attend all group meetings and required events.
  - d. Abide by the rules and regulations of the program.
  - e. Maintain respect for yourself, staff, and other students.
  - f. Participate in required standardized academic testing and try to earn the highest score you are capable of.
  - g. Maintain attendance and demonstrate effort in improvement in your grades at school.
  - h. Enroll in postsecondary preparatory curriculum in your high school (postsecondary preparatory courses are those classes which will facilitate and enable students to attend a four-year college or university).
  - i. Provide postsecondary enrollment information to UB staff as needed for our Department of Education mandated Annual Performance Report up to 5 years following high school graduation.
  
2. Maintain my enrollment in the program until I graduate from high school.

I have read and understand the above listed requirements for the Upward Bound program and have discussed these requirements with my parent(s)/guardian(s). I want to be enrolled in the program and agree to the terms above.

▶ \_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I understand the obligation of my child in the UB program and agree to the terms in which he/she will enroll. I further understand my responsibility to cooperate with members of the program throughout my child's enrollment.

▶ \_\_\_ Yes    \_\_\_ No

▶ \_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
Date



## Release for Marketing/ Promotional Purposes

In consideration of my association with Forward Service Corporation (FSC), I hereby give my consent for FSC to photograph, video tape, use a written statement and voice record myself and/or the organization where I am employed.

I understand that the term "photograph" as used herein encompasses both still photographs and motion picture and video footage. I also understand the term "video" will encompass such elements as, but not inclusive of, voice and still images.

I consent to the use of some or all photographs, videos, written statements, and/or voice recordings to promote Forward Service Corporation involvement in community/volunteer initiatives, for use in videos, in press releases, in print marketing collateral, in email marketing, for use on Forward Service Corporation website and social media sites, or for other business purposes. This includes providing images and details to funding sources of FSC programs.

I further consent to the reproduction and/or authorization by Forward Service Corporation to reproduce and use in all domestic and foreign markets. I hereby release FSC and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time by notifying Forward Service Corporation in writing, but the revocation will not have any effect on any actions the company took before it received the revocation.
- This release remains in effect indefinitely unless revoked by me.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Parent/Guardian signature (if participant is under the age of 18)**

\_\_\_\_\_  
Date

I do not give my consent to Forward Service Corporation to record, video, or photograph me.

Forward Service Corporation  
4600 American Parkway, Suite 301  
Madison, WI 53718  
Tel. (608) 244-3526 | Fax (608) 244-6273

**To be completed by parent/guardian**

- 1. Where do you see your child at the age of 25? What do you hope he/she will have accomplished by that time?

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- 2. How do you see Forward Service Corporation’s Upward Bound helping your child reach these goals?

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**WHY DO WE REQUEST YOUR CHILD’S SOCIAL SECURITY NUMBER?**

Upward Bound requests your child’s social security number. This number is used for the following three reasons:

- 1) According to grant stipulations, Upward Bound is required to track each student’s progress in the program and report this information annually to the U.S. Department of Education our grant provider. The Department of Education asks that students’ social security numbers be provided on our annual reports.

Please read the Department of Education Privacy Act Notification:

**Privacy Act Notification:** 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 to implement the Upward Bound program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, sec. 402C). In accordance with this authority, the Department receives and maintains personal information on participants in the Upward Bound program. The principle purpose for collecting this information is to administer the program, including tracking and evaluating participants’ academic progress. Providing your student’s social security number (SSN) on this application 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.

- 2) According to government grant regulations, we are required to report on your child’s participation in a postsecondary education after high school for multiple years. We perform this follow-up by using a service that provides a student’s postsecondary enrollment status. We access this information using your child’s social security number. Prior to the availability of this service, we were required to contact you or your child to determine their educational pursuits after high school. By using this tracking service, we are able to provide more complete and accurate information and are able to do so without having to contact you or your child.
- 3. When providing emergency health care to your child some health care facilities require a social security number prior to providing services.

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