

COE COLLEGE UPWARD BOUND STUDENT APPLICATION

Return to Upward Bound or School Guidance Office

PERSONAL INFORMATION

NAME (Last, First, Middle I.)	
Address:	Phone:
City, State, Zip	Male_____ Female_____
Name you want to be called:	Current Grade in School: (Circle one) 9 10 11 12
Date of Birth	Social Security Number:
High School:	Counselors Name:
Are you a Citizen of the U.S.? _____Yes _____no If no, are you a permanent resident? _____Yes _____no Do you receive free/reduced school lunch? _____Yes _____no	Ethnic/Racial information (Check all that apply) _____African American _____Amer. Indian _____Asian _____Hispanic/Latino _____White _____Pacific Islander
Questions? Call UB Office at 319-399-8536	

FAMILY INFORMATION

Name of Father/Guardian:	Highest level of Education Completed:
Where Employed:	<input type="checkbox"/> Some High School <input type="checkbox"/> 2 year college <input type="checkbox"/> High School Grad <input type="checkbox"/> 4-year degree (B.A./B.S.) <input type="checkbox"/> Advanced Degree
Is your father/guardian: _____disabled _____retired _____deceased	
Name of Mother/Guardian:	Highest level of Education Completed:
Where Employed:	<input type="checkbox"/> Some High School <input type="checkbox"/> 2 year college <input type="checkbox"/> High School Grad <input type="checkbox"/> 4-year degree (B.A./B.S.) <input type="checkbox"/> Advanced Degree
Is your mother/guardian: _____disabled _____retired _____deceased	
With whom do you live? Father/Guardian _____ Mother Guardian _____ Both Parents/Guardians _____ (Listed above) (Listed above) (Listed above) Relative _____ Foster Parents _____ Other: _____	
Who has legal custody of applicant?	
How many people live in the house where you reside? _____ What language is most frequently spoken in your home? _____ How many children under age 21 live in your household (include students who live at home during school vacation)? _____	

Statement of Application

I hereby apply for admission to the Coe College Upward Bound Program.

I understand Upward Bound is an educational program designed to help students develop the knowledge, skills, and attitudes necessary for the successful pursuit of education beyond high school. I understand that, if admitted, I will be expected to participate fully in both the six-week summer residential program and the academic year program of activities organized for program participants. Upward Bound activities in the summer and academic year may include field trips (within or outside Iowa), attendance at cultural events, tutoring, conferences, social events, and sometimes physical activities. Failure to participate at acceptable levels will result in my suspension from the program. I have been informed that additional benefits to program participation include:

- Room, Board, transportation, and a \$15 stipend per week during the six-week summer program
- \$7.50 stipend per week during the academic year prorated for participation in tutoring

I understand and agree to abide by the following Coe College Upward Bound policy regarding the use of tobacco, alcohol, and/or illegal drugs: It is a violation of Upward Bound policy to use tobacco products, alcohol, or illegal drugs regardless of the age of the participant. Students violating this policy will be subject to suspension or expulsion from the program.

Date

Signature of Student (required of all applicants regardless of age)

Date

Signature of Parent/Guardian (required of applicants regardless of age)

SCHOOL/ACTIVITIES INFORMATION

Please write the number of semesters/trimesters you have successfully completed for each of the following (please count courses in which you are currently enrolled. Don't worry if not every course you have taken is represented below. Your transcript will provide a complete record. The list below gives UB a general picture of your academic progress.

Math	Science	Foreign Lang.	Language Arts/ Communication	Social/Behav. Science	Visual & Performing Arts	AP Courses
<input type="checkbox"/> General Math <input type="checkbox"/> Consumer Math <input type="checkbox"/> Integrated Math <input type="checkbox"/> Pre-Algebra <input type="checkbox"/> Algebra I <input type="checkbox"/> Geometry <input type="checkbox"/> Algebra II <input type="checkbox"/> Trigonometry <input type="checkbox"/> Pre-Calculus <input type="checkbox"/> Calculus	<input type="checkbox"/> Earth Science <input type="checkbox"/> Physical Science <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Physics	<input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> German <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Russian	<input type="checkbox"/> LA-9 <input type="checkbox"/> LA-10 <input type="checkbox"/> Oral Comm. <input type="checkbox"/> Academic Writing <input type="checkbox"/> Creative Writing <input type="checkbox"/> Humanities	<input type="checkbox"/> Geography <input type="checkbox"/> World Hist. <input type="checkbox"/> Amer. Hist. <input type="checkbox"/> Government <input type="checkbox"/> Economics <input type="checkbox"/> Psychology <input type="checkbox"/> Sociology	<input type="checkbox"/> Art <input type="checkbox"/> Drama <input type="checkbox"/> Choir <input type="checkbox"/> Band _____ _____	-- _____ -- _____ -- _____ -- _____ Other: -- _____ -- _____ -- _____

In what school subjects do you feel most confident?

What subjects have been the most difficult for you?

What subjects have you enjoyed the most?

In what school activities have you participated? (Sports, student government, clubs, etc.)

In what church/community activities have you been active?

Do you work? _____ If yes, where do you work? _____

How many hours each week do you work? _____

What are your personal interests and hobbies?

Do you have ideas about careers that you may be interested in pursuing in the future? If so, which careers interest you?

Why do you want to attend Upward Bound?

What summer commitments or activities might you have during Upward Bound?

Where did you hear about Upward Bound?

PERMISSION TO RELEASE SECONDARY SCHOOL RECORDS

STUDENT PERMISSION:

I, _____, consent to the release of my school records including transcripts, report cards, test scores, course evaluations, recommendations, disciplinary records, free/reduced lunch verification, and any information regarding my school performance to the Coe College Upward Bound Program. I understand that information shared under the terms of this agreement shall be kept confidential and used for the following purposes:

1. to assist Upward Bound personnel as they work with me to prepare for and apply to programs of postsecondary education.
2. to provide data to aid in assessing the effectiveness of Upward Bound in providing services to students.

I understand that my records will be kept in a confidential file and will be used without identifying information for the reporting purposes described above.

This release shall remain in effect from the date indicated below until 12 months following the date of my graduation from high school. I understand that I may revoke this release at any time by submitting to Coe College Upward Bound a dated, signed statement denying the release of secondary school records.

Signature of Student _____ Date: _____

PARENT/GUARDIAN PERMISSION:

The school my son/daughter attends has my permission to release his/her school records to the Coe College Upward Bound program to be maintained and utilized as described above.

Signature of Parent/Guardian: _____ Date _____

Required if Student is under the age of 18

RELEASE OF INFORMATION: ACADEMIC STANDING/ENROLLMENT AND GRADUATION STATUS

I recognize that Upward Bound provides assistance to students preparing for and applying to postsecondary education programs and institutions. I understand the U.S. Department of education and Coe College has an interest in assessing the effectiveness of Upward Bound in providing these services. I therefore consent to the release of information regarding my enrollment, categories of financial aid awards, academic standing, and graduations status from my high school and/or postsecondary institution to Coe College Upward Bound. I understand this information will be held in a confidential file and will be used only for the reporting purposes described above.

This release shall remain in effect for six twelve-month periods (6 years) beyond the date of my planned graduation from high school. I understand that I may revoke this release at any time by submitting to Coe College Upward Bound a dated written statement denying the release of the above information

Planned date of H.S. Graduation: Month____Year____

Student Name (Please Print)

Signature of Student (regardless of age)

Date

Social Security Number

The school my son/daughter attends has my permission to release information regarding the enrollment and graduation status of my son/daughter as described above to be maintained and used for the sole purposes described above.

Signature of Parent/Guardian
(required if student is under age 18)

**CONSENT TO PHOTOGRAPH OR VIDEOTAPE UPWARD BOUND PARTICIPANTS
ENGAGED IN PROGRAM ACTIVITIES**

Upward Bound regularly photographs or video tapes Upward Bound participants while involved in program activities. These photographs and video tapes may be used in program year books, for program or college newsletters or publications, informational brochures/presentations, informational or recruiting video presentation, and program web pages.

Photography and video clips WILL NOT be sold or used in any for profit publications or presentations. Identifying information (such as name or home or school addresses) will NOT be included without first gaining the express consent of the student or his/her parent or guardian if the student is under 18.

_____ I give permission for the Coe college Upward Bound to photograph or videotape my/my son/daughter for the purposes described above and in accordance with the guidelines contained therein.

_____ I DO NOT give permission for Coe College Upward Bound to photograph or videotape my/my son/daughter for the purposes described above and in accordance with the guidelines contained therein.

This consent shall remain in effect while the student is an active participant with the Coe College Upward Bound Program. I understand that I may revoke this consent at any time by submitting to Coe College Upward Bound a dated, signed statement denying the Consent to Photograph or Videotape Upward Bound Participants.

Signature of Parent/guardian of Upward Bound participant

Signature of Upward Bound participant
(required regardless of age)

FOLLOW UP INFORMATION

The US Department of Education requires follow up of our participants. We have found that frequently a student's parents move, and do not inform us of a new address. We are requesting the name and phone number of a relative or close family friend. This person should have a stable address and be likely to know your current address.

Please be assured that we will contact this person **ONLY** if we find it impossible to locate your son/daughter.

NAME: _____

ADDRESS: _____

PHONE; _____

Thank You for your cooperation in completing this application.

INCOME VERIFICATION

(to be completed and signed by the applicant’s parent, guardian, or foster parent)
NO ACTION can be taken on this application without the requested information

The U.S. Department of Education requires each Upward Bound program to select two thirds of program participants from families whose taxable income does not exceed federal income guidelines set annually. The information requested in this form documents participant eligibility and will be kept strictly confidential.

STUDENTS NAME: _____

PART A: FINANCIAL ASSISTANCE

Does your family receive Financial Assistance? Yes _____ No _____

If yes, check the assistance received:

Food Stamps _____ FIP _____ Free School Lunch _____ Reduced School Lunch _____

Food Stamps Case Number: _____ FIP Case Number: _____

PART B: FAMILY INCOME

Please check and complete one of the following 3 options and attach any requested documents:

The family did not file a federal income tax form last year.

OR

The applicant resides in a foster home. The yearly amount received for the student’s support is \$ _____

OR

The family filed an income tax form for the tax year 2007*. Please attach a photocopy of form **1040, 1040A, or 1040EZ**. PLEASE NOTE: If you filed electronically, the copy of your electronic submission does not contain the needed information. Please ask your tax accountant to provide you a paper copy of form 1040 or 1040A **showing taxable income and number of exemptions.**

Signature of Parent or Guardian: _____

***If the family has not yet filed for 2007, but filed for tax year 2006, please attach a copy of the 2006 taxes.**

FOR OFFICE USE ONLY

Grade:_____ **High School:**_____

Family Size:_____ **Eligibility Income Level:**_____ **Taxable Income:**_____

Classification: **First/Generation/Low Income**_____ **First generation**_____ **Income eligible**_____

Accepted_____ **Denied**_____ **Add to waiting list**_____

Staff Signature:_____ **Date:**_____