

Upward Bound Application 2018-2019 Academic Year

This is the application for the University of Iowa Upward Bound Project for the 2018-2019 academic year.

Upward Bound can only accept complete applications. In order for your application to be complete, it must contain the following information:

1. Student Information
2. Household Information
3. Required Forms (*need student and parent/guardian signatures*)
4. Referral Form (*to be completed by a teacher/counselor*)
5. Tax Documents

In order to participate in the Upward Bound Project, the Federal Government requires that we collect specific information about each applicant. The information gathered here is used for reporting purposes only. Please fill out the application in its entirety to ensure that your application is processed in an accurate and timely manner.

For more information about the University of Iowa Upward Bound Project, please visit our website at <http://diversity.uiowa.edu/ub>.

For questions about the application, please contact Upward Bound staff at upward-bound@uiowa.edu or 319-335-6708.

Thank you for your interest in joining the University of Iowa Upward Bound Project!

STUDENT INFORMATION

1. **Student's name** (*First Middle Last*)

2. **Street address**

3. **City, state, and zip code**

4. **Student's email address**

5. **Student's cell phone number** (*with area code*)

(_____) -- _____ -- _____

6. **Home phone number** (*with area code*)

(_____) -- _____ -- _____

7. **Social Security Number** (*If you do not have a Social Security Number, please write N/A*)

_____ - _____ - _____

8. **Date of birth** (*MM/DD/YYYY*)

_____ / _____ / _____

9. **Sex**

Male

Female

10. Racial/Ethnic background (please check all that apply)

- American Indian/ Alaskan Native
- Asian
- Black or African American
- Hispanic/ Latino/a
- White
- Native Hawaiian or Pacific Islander
- Other _____

11. Are you a U.S. citizen?

- Yes (If yes, please check box and skip to question #12)
- No

A. If you are NOT a U.S. citizen, are you a Permanent U.S. Resident?

- Yes
- No

a) If you are a Permanent U.S. Resident, what is your Alien Registration Card number? _____

**If you are a Permanent U.S. Resident, you must provide a copy of your Alien Registration Card with your application.*

b) If you are NOT a U.S. citizen and you are NOT a Permanent U.S. Resident, do you intend to become a Permanent U.S. Resident?

- Yes
- No

**If you are in the process of becoming a Permanent U.S. Resident, you must provide documentation/evidence from the Immigration and Naturalization Service.*

12. Have you ever been in an Upward Bound program before?

- Yes
- No

If yes:

Where was the Upward Bound program located, and with which institution?

What **year(s)** did you participate?

13. What high school do/will you attend in the 2018-2019 academic year?

- Columbus Community High School
- Muscatine High School
- West Liberty High School

If you will NOT be attending one of the three high schools listed above in the 2018-2019 academic year, then you will NOT be eligible to be a part of the University of Iowa Upward Bound program. Please consult your school counselor to see whether an Upward Bound program serves your school.

14. Grade level in the 2018-2019 academic year:

- 9th grade
- 10th grade
- 11th grade
- 12th grade

15. Where do/did you attend 8th grade?

- West Liberty Middle School
- Central Middle School (Muscatine)
- West Middle School (Muscatine)
- Columbus Community Junior High School
- Other _____

16. Are you currently or have you ever been employed?

- Yes
- No

If yes, list current and past employers, including dates of employment:

**If you still hold the position, write "present" for end date*

	Employer name	Start date (MM/YY)	End date (MM/YY)
Employer #1			
Employer #2			
Employer #3			
Employer #4			
Employer #5			

If yes, what days and hours do you currently work? *(write N/A if not applicable)*

17. How many absences do you usually have from school per semester?

- 0-5 absences
- 6-10 absences
- 11 or more absences

HOUSEHOLD INFORMATION

18. Please fill in the following information about the applicant's PRIMARY GUARDIAN.

**If not applicable, please fill in each blank with "N/A".*

Name _____

Relationship to student _____

Street address _____

City, state, and zip code _____

Email address _____

Cell phone _____

Home phone _____

Place of employment _____

Work telephone _____

Primary language spoken _____

19. Please fill in the following information about the applicant's SECONDARY GUARDIAN.

**If not applicable, please fill in each blank with "N/A".*

Name _____

Relationship to student _____

Street address _____

City, state, and zip code _____

Email address _____

Cell phone _____

Home phone _____

Place of employment _____

Work telephone _____

Primary language spoken _____

20. Please fill in the following information for an ALTERNATE EMERGENCY CONTACT:

**Must be someone other than primary/secondary guardian(s)*

Name _____

Relationship to student _____

Street address _____

City, state, and zip code _____

Email address _____

Telephone #1 _____

Telephone #2 _____

Place of employment _____

Work telephone _____

Primary language spoken _____

21. The student applicant lives with:

- Primary guardian only
- Secondary guardian only
- Primary AND secondary guardian
- Other _____

**22. Please indicate the highest level of education attained by each of your guardians
(check only one box per guardian):**

Level of Education	Primary Guardian	Secondary Guardian
None		
6 th grade or less		
7 th -9 th grade		
10 th -12 th grade		
High school graduate or GED		
Some college/vocational or technical education		
Completed college with a Bachelor's Degree		
Completed graduate school (MA, PhD, etc)		

**23. List the names of all people living in your household (not including the applicant).
Indicate their relationship to you and their current grade in school (if applicable):**

	Name	Relationship to applicant	Current grade in school
Person 1			
Person 2			
Person 3			
Person 4			
Person 5			
Person 6			
Person 7			
Person 8			

MEDIA RELEASE FORM

In promoting the Upward Bound Project, the University of Iowa publishes material that includes names and images of students participating in the program. Names and images also appear on the Internet web site of Upward Bound.

If a participant is willing to share his or her name and image for the Upward Bound Project promotional material, the release below must be signed. Signing this release does not guarantee that your name or image will be displayed on the Upward Bound web site or in promotional material. Without your signature, the Upward Bound Project will refrain from using your name and image in its promotional material.

I, (student name) _____, hereby authorize the University of Iowa Upward Bound Project to use my name, image, likeness, and biographical information in Upward Bound promotional material. I waive any rights I have to prior consent regarding the university's use of my name, image, likeness, or biographical information in its promotional materials, with the understanding that I can revoke my permission at any time by following the procedure described below. I understand that I will receive no compensation for such use. The university shall own all rights, title, and interest (including copyright) to display, reproduce, and distribute my name, image, likeness, and biographical information.

I understand that I may revoke this release by writing to the director of the University of Iowa Upward Bound Project. Such revocation shall not apply to information released prior to the date of revocation.

I hereby expressly release the State of Iowa; Board of Regents, State of Iowa; The University of Iowa, and their employees and agents; and I waive any and all claims or demands that I may have against them to damages or remuneration in connection with such use.

Student signature

Date

If participant is under 18 years of age:

Parent/Guardian signature

Date

AGREEMENT TO PROGRAM EXPECTATIONS

CERTIFICATION BY STUDENT APPLICANT AND PARENT/S OR GUARDIAN/S

1. The information provided on this application form is correct and complete.
2. We understand that we are responsible for providing additional information that may be required to participate in Upward Bound. (Example: Medical information and releases in the event of emergencies).
3. We agree to cooperate with Upward Bound Project staff in answering surveys or participating in other projects designed to evaluate the effectiveness of the project or to improve project services.
4. If the student is admitted to the Upward Bound Project:
 - a. He/she will be required to participate in activities during the school year, both on weekdays and on Saturdays. A student may have **no more than two (2) unexcused absences** during the academic year. A third unexcused absence will result in removal from the program with the opportunity for a written appeal.
 - b. If the student is invited to participate in the summer residential program on the University of Iowa campus and he/she chooses to participate, then he/she must commit to attend the entire summer residential program. **A student cannot miss more than 3 full days of the summer program.**
 - c. He/she will be required to observe Upward Bound and the University of Iowa policies regarding student conduct and responsibility.
 - d. We agree to cooperate with Upward Bound Project staff in follow-up activities, including the release of school records throughout high school and into college.

Student signature

Date

Parent/Guardian signature

Date

RELEASE OF SCHOOL RECORDS

The University of Iowa Upward Bound Project has permission to obtain copies of school records for the student named below. These records may include, but are not limited to:

- Class schedules
- Transcripts
- Scores for standardized achievement and diagnostic test/assessments
- Attendance data, and
- Other reports or academic data necessary for admission and participation in the Upward Bound Project.

We authorize the release of these records for the period of the student's school attendance from grade 7 through graduation from high school and attendance at college until we rescind this permission in writing.

Student name: _____

Social Security Number: _____—_____—_____

Username for online student record system
(Programs such as Edline.net, Powerschool, etc.)

password

Student signature

Date

If participant is under 18 years of age:

Parent/Guardian signature

VERIFICATION OF TAXABLE INCOME

IF YOU FILED A FEDERAL TAX RETURN:

If you filed a **federal** income tax return (1040, 1040A, 1040EZ), please provide a copy of your latest tax form so that your eligibility for program services can be assessed. **The copy must include pages 1 and 2 and be a signed on page 2 of the completed form.** Please do not send all of the supporting documents required by the IRS.

IF YOU DID NOT FILE A TAX RETURN:

Please write a note to Upward Bound staff stating that you did not file a federal income tax return. *This will NOT disqualify your child from participating in Upward Bound.*

Please provide copies of other official documents that show the source of your income. This may include:

- Aid to dependent children
- Food stamps
- Veteran's Benefits
- Social Security Benefits
- Retirement/Pension
- Other (please specify) _____

TEACHER/COUNSELOR REFERRAL FORM

Please provide the name of the teacher or counselor who will be writing a referral on your behalf. The person you ask should be someone who knows you well and can speak to your abilities.

Name of teacher/counselor: _____

The referral form should be completed online at <http://tinyurl.com/2015UBreferral>
OR the link can be accessed at the Upward Bound website at diversity.uiowa.edu/ub.