#

# What is Upward Bound?

How can UB help you?

**Advising:**

Academic Advising and Class Scheduling, Post-secondary Education Selection, Choosing College Majors and Careers

**Academic Support:**

Weekly Academic Year Services, After-School Tutoring, Workshops, Parent Workshops

**Post-secondary School Selection:**

Field Trips Exploring College Choice, College Application Assistance

**Financial Assistance:**

FAFSA Assistance and Workshops, Financial Literacy Workshops, Scholarship Assistance

**Summer Program:**

**6-**week Summer Program 5- weeks Academic Academy, 1 week touring colleges, High School Credits, College Credits

Upward Bound is a federally funded program for high school students from low-income backgrounds and/or potentially the first-generation in their family to complete a 4-year college degree. The primary objective of the program is to assist students in preparing for and entering post-secondary education.

The purpose of Upward Bound is to assist students in the development of the skills and motivation necessary to succeed both in high school and college. Admission to the Upward Bound program is not automatic; students and their parents/guardians must complete this application, participate in an applicant interview, and demonstrate the desire and need for program support. Students who are admitted must agree to take part in both the academic year and a six-week academic summer program throughout the entirety of their high school education.

Helping students become successful in life and plan and complete a post-secondary education is our mission! The services we offer help us assist students in reaching this goal because **college is not just a dream but the plan in Upward Bound**. If admitted, you will become part of a program of which you can be proud.

If you have questions about Upward Bound, please contact our office.

Sincerely,

**Nitasha Lewis**

***Director of Upward Bound***

# Additional Information:

Interested participants and families may request additional information, applications, and/or make an appointment by contacting:

Peninsula College

Upward Bound Program

1502 East Lauridsen Blvd

Port Angeles, WA 98362

Toll Free Telephone: 1.877.452.9277

[www.pencol.edu/upward-bound](http://www.pencol.edu/upward-bound)

# Application Process:

* The **application form** must be completely filled out by you and your parents/guardians.
* A signed statement including your parents’/guardians’ most recent **TAXABLE INCOME.** Keep in mind, Upward Bound uses TAXABLE INCOME rather than gross income for eligibility. Taxable income is typically lower than adjusted gross income which is what many “low income” programs tend to use
* **Two recommendation letters**. The recommendation form completed by your counselor MUST include your GPA, your state test scores if available.
* A copy of your **most recent transcript** and your most **recent grades from Skyward.**
* A **personal essay** that is a minimum of 300 words and addresses the following:
	1. Tell us about yourself and your family.
	2. Why you want to be in Upward Bound and why you need the services we provide.
	3. What are your educational goals; include information on your extra-curricular involvement.
	4. Why are you willing to make a commitment to the Program?

The essay is used to get an idea of how your writing skills are. **\*Please note: If your GPA and/or Smarter Balance Scores fall below our minimum expectations (2.5 GPA or above, Level 3 or 4 on Smarter Balance), please address in your essay why you feel your grades/test scores don not reflect your potential.**

# Student Selection Procedures:

Students are referred to the program by high school counselors, parents, teachers, county agencies, and many other sources. Students may also self-refer. At the time of selection, applicants must be enrolled in Port Angeles High School, Lincoln High School, Forks High School, Quileute Tribal School, or bordering area schools.

Participants are selected using a combination of the following criteria:

1. The student has a genuine interest and the potential for success in high school and college as assessed through student and parent interview and student essay.
2. The **FAMILY TAXABLE** income meets federal low-income guidelines.
3. The student is a potential first-generation college graduate (neither parent has received a four-year college degree).
4. The student’s future enrollment in a college program is at-risk due to low state assessment scores, below-average grades and/or personal, familial, and/or social factors.
5. The student demonstrates academic potential through counselor and teacher recommendation forms.

# Staff

***Gage Jackson***

Recruitment and Retention Coordinator

GJackson@pencol.edu

360.417.5693 (office)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

***Hilary Powers***

Manager of Upward BoundHPowers@pencol.edu360.417.6333 (office)

***Nitasha Lewis***

Director of Upward Bound
NLewis@pencol.edu
360.417.7971 (office)

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# STUDENT INFORMATION SECTION:

                                                                                                                                                                                                                              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Name Last Name

                                                                                                                                                                                                                                             \_\_\_\_\_\_\_\_\_\_\_

Home/Mailing Address City State Zip

                                                                                                                                                                                         \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Home Phone Student Cell Phone Student Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                                                                            \_\_\_

Gender Pronouns Date of birth Social Security Number

Are you a U.S Citizen?  Yes  No, If not

Are you a PERMANENT RESIDENT of the United States?  Yes  No, If not

Have you applied for citizenship?  Yes  No, If yes, please provide documentation of application from Immigration and Naturalization.

Are you considered:  Disconnected Youth  Homeless  Foster Care  Juvenile Justice

What is your Race?

Hispanic/Latino  Yes  No
American Indian/Alaskan Native  Yes  No

Asian  Yes  No

Black or African American  Yes  No

White  Yes  No

Native Hawaiian or Pacific Islander  Yes  No

8 9 10 11 12                                                                                                                                                                                                                              \_\_\_\_\_\_\_

Current grade level Name of school School Counselor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skyward Username Skyward Password

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person: (other than parent) Phone Relationship

Are you encouraged by your family to graduate from high school?  Yes  No

Are you encouraged by your family to graduate from college?  Yes  No

Do you have the opportunity, support and guidance to take
challenging college preparatory courses in high school?  Yes  No

Are you interested in joining the Military?  Yes  No

How did you hear about TRIO Upward Bound? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FAMILY INFORMATION SECTION (To be completed and signed by Parent or Guardian):

The United States Department of Education requires this information to determine eligibility for the Peninsula College Upward Bound program. Please be as accurate and complete as possible. This information will be kept CONFIDENTIAL!

**We cannot consider this application until this information is received.**

Who provides majority of care for the child?  Biological Father  Biological Mother  Both  Neither

If neither, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PRIMARY HOUSEHOLD DEMOGRAPHICS

Name

Relationship to child

Place of Employment

Work Phone

Cell Phone

Home Phone

Email

Name

Relationship to child

Place of Employment

Work Phone

Cell Phone

Home Phone

Email

Has biological or adoptive mother earned a college bachelor’s degree or beyond?  Yes  No

Has biological or adoptive father earned a college bachelor’s degree or beyond?  Yes  No

## TAXABLE INCOME AND DEGREE VERIFICATION

In the spaces that follow, please list each person that is supported in this household. Be sure to list the parent(s) or legal guardian(s), the student, and any other relatives supported by the household.

Name: Relationship:

Name: Relationship:

                                                          \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Total Household Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us the **TAXABLE INCOME (*Not Adjusted Gross)***for your household for 2020: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Refer to IRS form 1040 and 1040-SR line 11b)

**If you do not file income tax, please provide a written statement if income for the household. (Proof of income may be requested).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***My signature verifies that the degree verification and income information I have provided is true and correct to the best of my knowledge:***

**­­­­­­\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of parent/legal guardian Date

# STUDENT NEEDS ASSESSMENT

To be completed by the applicant. This survey contains a number of statements about student needs. We ask you to give your

honest opinion about how Upward Bound can meet your needs. Your answers will be kept confidential.

**Strongly Strongly**

**Disagree Disagree Neutral Agree Agree**

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

1. **I need to get better grades in school …………………………………………. 1 2 3 4 5**
2. **I need to learn how to take better notes …………………………………… 1 2 3 4 5**
3. **I need to learn test-taking strategies and techniques ………………… 1 2 3 4 5**
4. **I need to develop strong study skills and habits ………………………… 1 2 3 4 5**
5. **I need to learn how to read a textbook more effectively …………… 1 2 3 4 5**
6. **I need to improve my math skills ………………………………………………. 1 2 3 4 5**
7. **I need to improve time management skills and habits ………………. 1 2 3 4 5**
8. **I need to know how to prepare for a career that interests me …… 1 2 3 4 5**
9. **I need to learn how to get involved in clubs and organizations ….. 1 2 3 4 5**
10. **I need help visiting college campuses ………………………………………….1 2 3 4 5**
11. **I need to experience more cultural activities ……………………………… 1 2 3 4 5**
12. **I need to learn which classes are necessary for college ………………. 1 2 3 4 5**
13. **I need information on college prep courses and dual enrollment . 1 2 3 4 5**
14. **I need to learn about college programs and degrees …………………… 1 2 3 4 5**
15. **I need to learn more about ACT/SAT testing ……………………………….. 1 2 3 4 5**
16. **I need help applying to colleges ………………………………………………….. 1 2 3 4 5**
17. **I need to learn more about filling out the FAFSA …………………..……. 1 2 3 4 5**
18. **I need to learn about searching for scholarships …………………………. 1 2 3 4 5**
19. **I need help with my scholarship notebook ………………………..……….. 1 2 3 4 5**

What college(s) are you interested in attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are you interested I studying or majoring in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your career goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# MEDICAL INFORMATION AND CONSENT

Name of Physician (required) Physician’s Phone Number

Name of Dentist (required) Dentist’s Phone Number

Are you allergic to any medications, foods, insects or pollen? [ ]  Yes [ ]  No

If yes, please list all to which you are allergic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the allergy required emergency action in the past? [ ] Yes [ ]  No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any existing medical conditions that your child may have that the staff/employees should be made aware of?

 [ ] Yes [ ]  No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, for and in consideration of participating in monthly academic year field trips/activities off the campus of Peninsula College and the Upward Bound Program, do hereby acknowledge and agree to ALL of the following in their entirety:

* I consent to the transporting and seeking emergency treatment, to making decisions regarding the welfare of my child, such as medication and health assessments, if necessary, while he/she is participating in field trips/activities.
* Peninsula College and the Upward Bound Program, its administrators, agents, and employees shall not in any way, manner, or form be held responsible with regard to my participation in an off-campus trip;
* I agree to hold harmless Peninsula College and the Upward Bound Program, its administrators, agents, and employees from any and all responsibility arising from any injuries resulting from or in connection with my participation in any off-campus trip;
* I hold harmless Peninsula College, and the Upward Bound Program, its administrators, agents, and employees by virtue of any negligent acts related to any off-campus trip;

I grant Upward Bound Staff permission to give the following medications to my child if needed.

Prescription Medication(s) (list name, dosage, frequency, time and any special instructions):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Over-the-counter medication(s):

[ ]  Ibuprofen (200 mg) [ ]  Aspirin (325 mg) [ ]  Acetaminophen (500 mg extra strength)

[ ]  Calamine lotion [ ]  Eyewash [ ]  Antacid (calcium)

[ ]  Swimmers eardrops [ ]  Antibiotic ointment [ ]  Cough drops (Menthol 6.5)

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                      \_\_\_\_\_\_\_                                                                                                           \_\_\_\_\_\_\_
Student’s Name (Please Print) Signature of Student Date

                                                                      \_\_\_\_\_\_\_                                                                                                           \_\_\_\_\_\_\_
Name of Parent or Guardian (Please Print) Signature of Parent or Legal Guardian Date

***By signing, you are consenting to all that is detailed on this page. These consents will remain in effect while the above-named student is a participant in the Upward Bound program, unless the permission is revoked in writing.***

# CERTIFICATION AND SIGNATURES

Under FERPA, a school and or Upward Bound may not generally disclose personally identifiable information from a minor student’s education record to a third party unless the student’s parent has provided written consent.

**School to Upward Bound Data Sharing**

By signing this release form, I agree to allow Peninsula College Upward Bound program to obtain my student’s academic records, i.e. progress reports, report cards, official transcripts, attendance records, standardized test scores, from my child’s current, past and future schools that they attend for the purposes of student and program evaluation.

**Upward Bound to School Data Sharing**

By signing this release form, I agree to allow the Peninsula College Upward Bound program to release my student’s academic records, i.e. progress reports, transcripts, and attendance records, from my child’s participation in the program for the purposes of student evaluation and progression.

I understand that all released records will remain strictly confidential in accordance with federal regulations.

                                                                      \_\_\_\_\_\_\_                                                                                                           \_\_\_\_\_\_\_
Student’s Name Expected Year of High School Graduation

                                                                      \_\_\_\_\_\_\_                                                                                                           \_\_\_\_\_\_\_
Name of Parent or Guardian (Please Print) Signature of Parent or Legal Guardian Date

## Text Communication Consent

I give my permission for Peninsula College Upward Bound staff to contact my student via phone call or text using the phone numbers listed below for the purpose of providing services associated with their participation in Upward Bound. I will not hold PC or its employees liable for any phone charges incurred through calls or the sending/receiving text messages for the purposes listed above. I also understand that a text message will not necessarily be sent for every type of communication.

                                                                      \_\_\_\_\_\_\_                                                                                                           \_\_\_\_\_\_\_
Student’s Cell Phone Parent or Guardian Cell Phone

## Parent Release Form for Media Recording

I, the undersigned, do hereby grant permission to Peninsula College Upward Bound Program administrators to the image of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/ or video taken of my child, information given in interviews, information relating to special achievements, and any writings/drawings submitted to the program for any publications related to Peninsula College and the Upward Bound Program.

                                                                      \_\_\_\_\_\_\_                                                                                                           \_\_\_\_\_\_\_
Name of Parent or Guardian (Please Print) Signature of Parent or Legal Guardian Date

***By signing, you are consenting to all that is detailed on this page. These consents will remain in effect while the above-named student is a participant in the Upward Bound program, unless the permission is revoked in writing.***

# ACADEMIC COMMITMENT & AGREEMENTS

Acceptance into the Upward Bound Program means that you have committed to your future success. Your compliance with the following commitments and codes of conduct will ensure that you will continue to receive our many free services including many social and fun activities. **Help us help you succeed in reaching your academic and personal goals.**

Full participation in the Upward Bound Program for the duration of the student’s high school career is required. Read through the following commitments very carefully as you will be held responsible to uphold them. If admitted, I/we agree to the following:

|  |  |  |
| --- | --- | --- |
| Parent Initial | Student Initial |  |
|  |  | I will work to reach and maintain at least a 2.5 grade point average with no Ds or Fs |
|  |  | I will attend at least 90% of all required sessions including Academic Year and Summer Program activities. |
|  |  | I/we will sign waiver and indemnity agreements prior to each field trip. I/we understand failing to do so will disqualify the student from participation in the field trip. |
|  |  | We will cooperate with Upward Bound Program staff in answering surveys or participating in other projects designed to evaluate the effectiveness of the program or to improve project services. |
|  |  | We will cooperate with Upward Bound Program staff in follow-up activities, including the release of school records throughout high school and into college. |
|  |  | We will cooperate with the program staff in completing the FAFSA (Free Application for Federal Aid) by October 31st of the student’s senior year. |
|  |  | 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). |
|  |  | We will inform the Upward Bound Staff of any change in my phone number and mailing address. (The program is required to track students’ performance even after graduation.) |
|  |  | We will observe Upward Bound and Peninsula College policies regarding student conduct and responsibility. |
|  |  | We understand breaking the rules of the program by serious rule infractions such as inappropriate behaviors may result in suspension and/or dismissal from the program. |
|  |  | We understand the decision to suspend or dismiss me may be made immediately without the approval of my parents or guardians. |
|  |  | We understand this is just a partial list of the rules and that a complete list will be included in my student handbook given at orientation. |

The completion of this application does not guarantee acceptance into the UB program. If accepted, I agree to commit myself to academic improvement excellence. I further understand that I will be expected to work hard, to cooperate fully with Upward Bound Instructors and Staff, and to put sincere effort into my attendance and participation in UB classes and activities. If I do not fulfill my obligations, I understand I may be dismissed from the program.

The information provided on this application is correct and complete. My initials above and signature below indicates that my parents/guardians and I have read and agree to the Academic Commitments and Agreements.

|  |  |
| --- | --- |
|  |  |
| **Student Signature** | **Date** |
| **Parent/Guardian Signature** | **Date** |

Recommendation Form 1

*(Please obtain two (2) recommendation forms from school personnel-1 from your school counselor)*

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The above-named student is applying for admission to the Peninsula College Upward Bound Program. Upward Bound is a federally funded program designed to help develop the skills and motivation necessary for success in education among high school students from disadvantaged backgrounds. In order to qualify students must be low income and/or potential first-generation college graduates. Students must also have a need for academic support in order to pursue successfully a program of education beyond high school. **The following is a list of indicators of a student’s need for academic support. As school personnel and/or school counselor, do you believe the student to possess any of the following characteristics?** [ ]  Yes [ ]  No

|  |
| --- |
| **Student Needs** |
| Low GPA |
| Diagnosed Learning Disability |
| Lack of Confidence and/or Self-Esteem and/or Social Skills |
| Lack of Career Goals and/or Need for Accurate Information on Careers |
| Limited English Proficiency |
| Predominately low-income community |
| Low Education Aspirations |
| Lack of Opportunity, Support, and/or Guidance to Take College Prep Courses |
| Interest in Careers in Math and/or Science |
| List any Other Need: |

How would you describe the student’s attendance? [ ]  Excellent [ ]  Good [ ]  Fair [ ]  Poor

Please indicate your recommendation of the student for participation in this program:

[ ]  Strongly Recommend [ ]  Recommend [ ]  Recommend with Reservations [ ]  Does not Recommend

Does this student have the opportunity, support, and guidance to take college prep courses? Yes No

Does this student have an IEP? Yes No

Does this student have the academic potential for success at the postsecondary education Yes No

level with the services provided by the Peninsula College Upward Bound program.

|  |  |
| --- | --- |
| **Academic Potential** | **Scores** |
| Current GPA |  |
| Smarter Balanced or WA-AIM | **XXXXXX** |
| * ELA
 |  |
| * Math
 |  |
| * Science
 |  |
|  |  |
|  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please leave this completed form in the counseling office for Upward Bound staff to pick up.***

Recommendation Form 2

*(Please obtain two (2) recommendation forms from school personnel-1 from your school counselor)*

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The above-named student is applying for admission to the Peninsula College Upward Bound Program. Upward Bound is a federally funded program designed to help develop the skills and motivation necessary for success in education among high school students from disadvantaged backgrounds. In order to qualify students must be low income and/or potential first-generation college graduates. Students must also have a need for academic support in order to pursue successfully a program of education beyond high school. **The following is a list of indicators of a student’s need for academic support. As school personnel and/or school counselor, do you believe the student to possess any of the following characteristics?** [ ]  Yes [ ]  No

|  |
| --- |
| **Student Needs** |
| Low GPA |
| Diagnosed Learning Disability |
| Lack of Confidence and/or Self-Esteem and/or Social Skills |
| Lack of Career Goals and/or Need for Accurate Information on Careers |
| Limited English Proficiency |
| Predominately low-income community |
| Low Education Aspirations |
| Lack of Opportunity, Support, and/or Guidance to Take College Prep Courses |
| Interest in Careers in Math and/or Science |
| List any Other Need: |

How would you describe the student’s attendance? [ ]  Excellent [ ]  Good [ ]  Fair [ ]  Poor

Please indicate your recommendation of the student for participation in this program:

[ ]  Strongly Recommend [ ]  Recommend [ ]  Recommend with Reservations [ ]  Does not Recommend

Does this student have the opportunity, support, and guidance to take college prep courses? Yes No

Does this student have an IEP? Yes No

Does this student have the academic potential for success at the postsecondary education Yes No

level with the services provided by the Peninsula College Upward Bound program?

|  |  |
| --- | --- |
| **Academic Potential** | **Scores** |
| Current GPA |  |
| Smarter Balanced or WA-AIM | **XXXXXX** |
| * ELA
 |  |
| * Math
 |  |
| * Science
 |  |
|  |  |
|  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please leave this completed form in the counseling office for Upward Bound staff to pick up.***



**Thank you for applying! Your application will be reviewed and scored on the following areas, so please take a moment to ensure you have a complete application:**

[ ]  You have **answered all questions** and **included all requested accompanying documentation**

* + - School transcript and current grades
		- Signed Taxable Income and Degree Information
		- 2 recommendations
		- Essay
		- Academic Commitments & Agreements

[ ]  You provided evidence of **Academic Success**

* **Your GPA is at least 2.5** *(If not, please address reasons for your GPA in your essay and include plans to bring it up.)*
* You have scored at **average or above average on Smarter Balance Assessments or other standardized tests**. *(Again, if you fall short, please address this in your essay).*

[ ]  You indicate that you are looking for the types of support that Upward Bound offers, and **the needs you note on the Needs Assessment are reflected in your goals**.

[ ]  Your **references** confirm that the program will be good for you, and that YOU will be good for the program.

[ ]  Your **essay** meets expectations

• A personal essay that is a minimum of 300 words and addresses the following:

* + - Essay meets minimum word requirement (300)
		- Essay answers all points completely, with examples given where relevant.
		- Essay has few spelling/grammatical errors.

**If your application is satisfactory, you will be contacted to set up a personal interview.**