

Name _____

**UPWARD BOUND
ELIGIBILITY STATUS
PLEASE DO THIS FIRST!**

1. Did either of your parents/guardians receive a bachelor's degree (a four year college degree)?

Yes

No

2. Please look at the **taxable income** from your parent/guardian 2019 tax return (**form 1040, line 11b**). Compare that amount to the amount on the chart below next to the number of people in your household. Is your taxable income greater than the amount on the chart below? The student's name must be listed on the return as a dependent.

Yes

No

Number of people in the household	Taxable income for the year 2019-2020 (Effective Jan. 11, 2019 until further notice)
1	\$18,735.00
2	\$25,365.00
3	\$31,995.00
4	\$38,625.00
5	\$45,255.00
6	\$51,885.00
7	\$58,515.00
8	\$65,145.00

If you answered "yes" to both questions, then stop here. Thank you for having an interest in Upward Bound, but unfortunately you are not eligible for this program. If you answered "No" to either of these questions please continue the application process.

- Student must be a U.S. Citizen, a permanent resident or in the process of filing for permanent residency

Galveston College TRIO – Upward Bound



4015 Avenue Q
Galveston, Texas 77550

Application for Admission

Return to Galveston College R-290 or Ball High 1092-G

Phone: 409-944-1253

Email: pperez@gc.edu

Name: _____ Date Submitted: _____

Current School & Student I.D.: _____

Application Checklist

The items listed below **MUST** be attached to the application; ***YOUR application MUST be complete and will not be accepted without the required items.*** Check all that apply:

- Current report card/Transcript/Attendance records
- 8th grade STAAR scores
- Current STAAR scores
- A copy of your parent's 2019 income tax return form 1040, evidence of receiving SNAP, Lonestar benefits, social security, medicaid and or unemployment compensation
- A copy of your alien resident card (front and back, if applicable)
- A copy of the I-485 Form if filing for permanent residency
- A copy of your social security card
- A copy of your updated immunization card (shot record)
- A copy of your medical insurance card (if applicable)
- A copy of your Birth Certificate

All students and parents are required to attend an orientation. Students are also required to complete several assessments and an interview with the Upward Bound staff prior to acceptance. A letter will be sent to student and parent notifying them of acceptance into the program.

Office Use Only

Attended Orientation: _____

Assessment Date: _____

Interviewed By: _____

Date of Enrollment: _____

UB Director Comments and Signature: _____

- Financial Need & First Generation
- First Generation Only
- Financial Need Only
- LEP
- Diagnosed Disability

UPWARD BOUND PROGRAM
Student Application for Admission

I. Student Information (please print):

Name _____ **School ID#** _____
(Last) (First) (MI)

Address _____
(Street Address or P. O. Box) (City) (Zip)

E-mail Address _____

Phone Number _____ **Social Security #** _____

Date of Birth _____ **Age** _____ **Place of Birth** _____

Gender (*circle*) Male Female

Ethnicity/Race (*check one*)

Black or African American Asian White
 Hispanic/Latino American Indian/Alaskan Native Native Hawaiian or other Pacific Islander

U. S. Citizen? (*circle*) Yes No **Permanent Resident?** (*circle*) Yes No
If no, your resident card number _____

In the process of filing for permanent residency? (*circle*) Yes No **(If yes, attach copy of I-485 Form)**

Primary Language Spoken in Your Home _____

Are you classified as Limited English Proficient? _____

Expected Date of High School Graduation _____ **Last reported grade average** _____

II. Student Assessment:

Please answer the following questions:

1. Would you like to attend college after high school? _____
2. Do you understand the difference between an Associate's Degree and a Bachelor's Degree? _____
3. What type of career are you interested in and why? _____

4. What is your favorite subject? _____
5. What is your least favorite subject? _____
6. Do you have any older siblings in college? _____
7. Do you have any older siblings that have not attended college? _____
8. What other activities are you involved in (sports, cheerleading, band, drill team, clubs, etc.)? _____

Activity	Time Commitment
_____	_____
_____	_____

Upward Bound Self-Reported Needs Analysis

Please circle the appropriate answer for your level of need:

I need:

Academic Needs

1. To learn how to complete work on time.	No Need	Some Need	High Need
2. To learn how to study better.	No Need	Some Need	High Need
3. To learn how to manage time better.	No Need	Some Need	High Need
4. To get better grades in school.	No Need	Some Need	High Need
5. To take tests better and w/ less anxiety	No Need	Some Need	High Need
6. To listen better in class.	No Need	Some Need	High Need
7. To stay focused.	No Need	Some Need	High Need
8. To learn how to set & obtain goals.	No Need	Some Need	High Need
9. To develop a better attitude toward school.	No Need	Some Need	High Need

Personal Needs

1. To get along better with adults.	No Need	Some Need	High Need
2. To learn how to deal w/problems.	No Need	Some Need	High Need
3. To be more accepting of myself.	No Need	Some Need	High Need
4. To learn to accept people who are different.	No Need	Some Need	High Need
5. To take greater responsibility for my actions.	No Need	Some Need	High Need
6. To separate my personal life from school.	No Need	Some Need	High Need
7. To feel better about myself.	No Need	Some Need	High Need
8. To learn better coping skills.	No Need	Some Need	High Need
9. To learn how to ask for help.	No Need	Some Need	High Need

Career & College Needs

1. To explore a variety of careers.	No Need	Some Need	High Need
2. To learn about job skills.	No Need	Some Need	High Need
3. To learn about getting into college.	No Need	Some Need	High Need
4. To learn how I can pay for college.	No Need	Some Need	High Need
5. To find out what job I would like.	No Need	Some Need	High Need

UPWARD BOUND PROGRAM
Parent/Guardian Information

All information provided is required by our grant and will be kept confidential. Please fill out completely and print only.

<u>Personal Information (please print):</u>			
Please circle: Mr. Mrs. Miss Ms.			
Name _____		Date _____	
(Last)	(First)	(MI)	
Address _____			
(Street Address or P. O. Box)		(City)	(Zip)
Phone Number _____		Social Security # _____	
Your Date of Birth _____		Are You Married? (circle) Yes No	
Gender (circle) Male Female		United States Citizen (circle) Yes No	
Relationship to Applicant _____			
Last grade completed: _____		Years of College: _____ Degree Earned: _____	
Primary Language Spoken: _____		Veteran of the U.S. Armed Forces <u>Y or N</u>	
<u>II. Employment Information:</u>			
Name and Address of current employer _____			

Job Position _____			

<u>Personal Information (please print):</u>			
Please circle: Mr. Mrs. Miss Ms.			
Name _____		Date _____	
(Last)	(First)	(MI)	
Address _____			
(Street Address or P. O. Box)		(City)	(Zip)
Phone Number _____		Social Security # _____	
Your Date of Birth _____		Are You Married? (circle) Yes No	
Gender (circle) Male Female		United States Citizen (circle) Yes No	
Relationship to Applicant _____			
Last grade completed: _____		Years of College: _____ Degree Earned: _____	
Primary Language Spoken: _____		Veteran of the U.S. Armed Forces <u>Y or N</u>	
<u>II. Employment Information:</u>			
Name and Address of current employer _____			

Job Position _____			

Upward Bound Applicant Statement of Family Status

Applicant's Name: _____
Last
First
MI

Social Security #: _____ Application Date: _____

For use in completing this form, the following definition applies:

FAMILY is defined as all persons living in the home and supported by the main source of income.

Please provide information regarding the applicant's FAMILY as requested below. The applicant should be listed first with "self" as the **RELATIONSHIP TO APPLICANT**:

Family Members Name	Relationship to Applicant

Family Taxable Income:

If you filed TAX FORM 1040 for 2019, the figure from line 11b \$ _____

If you filed TAX FORM 1040SR for 2019, the figure from 11b \$ _____

CHECK THE SOURCE(S) OF YOUR INCOME: _____ Wages _____ Social Security
 _____ Disability _____ Public Assistance _____ Other _____ (Please Specify)

I certify that the income information I have provided above is accurate and verifiable with my 2019 income tax return and or other state/federal documents.

Signature of Parent / Guardian

Date

School Records, Transportation, Internet and Medical Releases

School Records Release

As the parent/legal guardian of _____, I hereby consent to the release of my child's school records, transcripts, grade reports, test results, shot records and any financial information to the Upward Bound program of Galveston College. I also grant permission to the staff of the Upward Bound program to speak with teachers, counselors and the principal at my child's school in order to exchange any information as part of the services provided by the Upward Bound program. I further understand and acknowledge that a copy of my child's records will be on file in the Upward Bound office.

Parent/Guardian Signature

Date

Transportation Release

I authorize and permit my child to participate in any field trips, activities, workshops, meetings, and events sponsored by or conducted by the Upward Bound program of Galveston College. I understand that my child may be leaving his/her school campus and/or Galveston College and may be transported by the Upward Bound or other Galveston College staff, or by personnel of Galveston ISD. I agree that the Upward Bound staff and anyone associated with Galveston College will not be held liable for any loss, injury, or death related to any Upward Bound field trip, activity, workshop, meeting, or event. Furthermore, I agree to hold the Upward Bound program, Galveston College, its Board of Directors, officers, staff and volunteers harmless from any claims whatsoever occasioned in any of the above-mentioned situations, for which I have agreed that the Upward Bound program and Galveston College shall not be held liable.

Parent/Guardian Signature

Date

Internet Release

I authorize and permit my child to participate in Internet research, study, and the development of a web page during activities, workshops, meeting, and events sponsored and/or conducted by the Upward Bound program of Galveston College. I understand that my child may be accessing the Internet, setting up an e-mail account and designing a web page. The students will be instructed in online safety and Internet citizenship prior to participation in any online project. I further understand that student violation of Internet use is cause for dismissal from the Upward Bound program.

Parent/Guardian Signature

Date

Medical Release

In the event that my child, _____, is involved in a medical emergency, and I cannot be contacted, I authorize the Upward Bound staff of Galveston College to make decisions regarding his/her immediate medical attention, including hospitalization, administration of prescribed medications, and treatment or evaluation by a physician. Please note the following information concerning my child's medical history, including allergies, medications, and any physical impairment to which a physician should be alerted.

Allergies

Medications

Insurance Name & Number

Parent/Guardian Signature

Date

RECORDS RELEASE FORM

Galveston College
4015 Avenue Q
Galveston, TX 77550
(409) 944-1253

Upward Bound

I understand that as part of the Galveston College Upward Bound selection process, school records including transcripts, test scores, and academic progress reports will need to be examined.

I also understand that to participate in the Upward Bound Program, this information will be required throughout my **high school and college** career. This information is necessary to track the performance of the program's participants and graduates.

I hereby give permission to Galveston College's Upward Bound Program to request the following information from the **high schools and colleges** I attend through my college graduation:

- 1.) School educational/attendance/disciplinary/behavioral records
- 2.) Transcripts
- 3.) Standardized test scores
- 4.) Student status and performance information
- 5.) Identification of Learning Disability and Modifications
- 6.) Language barriers
- 7.) Health Data
- 8.) Contact information
- 9.) Financial Aid/Scholarships Information

Print Student's Name

Student's Social Security

Student's Signature

Date

I/We also give permission to Galveston College's Upward Bound Program to request the information identified above from each high school and college that our son/daughter attends:

Print Father/Guardian's Name

Father/Guardian's Signature

Date

Print Mother/Guardian's Name

Mother/Guardian's Signature

Date

Upward Bound Web Page / Photo Consent Form

The Galveston College Upward Bound Program will be using a web page to easily relay program information to UB students and their parents and or guardians. One feature of the website is a photo page that contains pictures of students and staff participating in Upward Bound activities. The program also dispenses other materials to the faculty and staff of Galveston College as well as to external audiences. These materials contain pictures, comments, and methods of artistic expression from UB students and or staff members.

Please check the appropriate box:

- I hereby give the Galveston College TRIO Upward Bound Program permission to take and post photographs of _____ on the GC Upward Bound Web page. I also grant the Galveston College Upward Bound Program the right and license to use his / her name, image, likeness, and comments in Upward Bound's materials for internal and external audiences. These materials include, but are not limited to, advertisements, brochures, view books, news releases, magazines, newspapers, newsletters, videos, face book, and websites.

- I do not wish to have _____'s photographs posted on the Galveston College TRIO Upward Bound web page or in any other Upward Bound materials. I also do not grant the Galveston College Upward Bound Program the right or license to use his / her name, image, likeness, or comments in Upward Bound's materials for internal or external audiences.

By signing this form, I certify that I have read and completely understand the above release and have checked the appropriate box before affixing my signature below. I understand that if I agree to this consent, my child's photo may occasionally appear on the Galveston College TRIO – Upward Bound web page and his / her name, image, likeness, and comments may appear in Upward Bound's materials.

Signature of Applicant

Date

Signature of Parent / Guardian

Date

Student Statement of Commitment

As a participant in the Upward Bound program at Galveston College, I agree to participate in the **ENTIRE** program and I make an honest commitment to participate fully in the Upward Bound program. **I commit to my full participation in the yearly academic program as well as the six-week summer program.** I will at *all* times conduct myself in such a way as to be a source of pride to myself, my family, my community, my school, and to the Upward Bound program. I acknowledge that this opportunity is a privilege, and I realize that I can be removed from the program if I do not abide by the rules. I will not use alcohol, tobacco products, or drugs of any kind. I will abide by the rules and regulations set forth by the Upward Bound Program and yearly contracts. While on the campus of Galveston College, I will follow all rules and regulations established for that campus. I will at *all* times treat others with respect.

I realize that the main purpose of the Upward Bound program is to facilitate my preparation for entrance into college and my success once there. I realize this may likely mean that I will be required to study more than my peers and at times when they may not be required to study. However, I also understand that all Upward Bound activities are intended to strengthen my academic and study skills and help to better myself as a person so that I will be prepared to enter college, live away from my parents or guardians, and succeed both in my coursework and in life.

By my signature I agree to the above statement of commitment.

Signature of Applicant

Date

Parental Statement of Commitment

I understand that participation in the Upward Bound program requires a strong commitment from the parent(s) or guardian(s) as well as from the students. The commitment is for the duration of their high school years. Students are required to attend at least two hours of tutoring every week during the school year and to meet on the Galveston College campus for test preparation, academic instruction or participate in off campus educational/cultural enrichment activities and college visits at least two Saturdays per month. Parents or guardians must consent to encourage and support their son or daughter in all of these activities and must also agree to provide transportation.

Upward Bound student participants are also **required** to participate in the six-week summer component during the months of June and July. They are not allowed to work outside of the program until after approximately 8pm Monday through Thursday.

By your signature below, you agree to allow your child to participate in Upward Bound. You also agree to encourage his/her participation in all Upward Bound activities and to provide transportation or to make whatever arrangements are necessary so that your son/daughter is in attendance at all Upward Bound activities.

Furthermore, by your signature below you acknowledge that you have read and do support the Student Statement of Commitment located above and signed by your son/daughter.

Parent/Guardian Signature

Date

UPWARD BOUND PROGRAM
Teacher Evaluations Contact Information
Upward Bound staff will email and collect evaluations from teachers.

Student's Name _____ Grade _____ ID _____

English Teacher's Name _____

English Teacher's Email _____

Math Teacher's Name _____

Math Teacher's Email _____

Science Teacher's Name _____

Science Teacher's Email _____