ADAMS STATE
UPWARD BOUND

TRIO
UPWARD BOUND

APPLICATION PACKET

Richardson Hall Room 245
208 Edgemont Blvd.
Suite 2170
Alamosa, CO 81102
(719) 587-7865

Name: ________________________________

School: _____________________________ Grade ________
UPWARD BOUND FACT SHEET

-WHAT IS UPWARD BOUND?

Upward Bound is a highly successful free pre-collegiate program of rigorous academic instruction and counseling for low-income and/or first-generation college potential high school students.

-WHAT IS THE PRINCIPLE REASON FOR HAVING AN UPWARD BOUND PROGRAM?

There are some students who have the potential to succeed in college but whom, for any number of reasons, will not consider attending college. The program strives to unlock each student’s potential through experiences and instruction designed to build on the strengths that the students possess.

-WHAT ACTIVITIES TAKE PLACE DURING THE PROGRAM?

During Upward Bound students live on the Adams State College campus for 5 weeks during the summer and are involved in an intensive 6-week academic study program with an emphasis on English, Mathematics, Science, Reading, and Writing. Additionally, the students participate in numerous educational and recreational field trips as well as group and individual advising.

During the academic year, Upward Bound students receive academic instruction that emphasizes English Composition and ACT math prep. Additionally, they participate in an extensive career education program. One-on-one counseling is also emphasized during the academic year. Counselors follow the students’ progress in high school, and students learn about the college application process and how to apply for financial assistance. Students are involved in a variety of educational activities and recreational field trips, such as ACT preparation workshops, note-taking workshops, college course audit, campus visitations, amusement parks, etc.

-HOW SUCCESSFUL IS THE PROGRAM?

A recent study found that, overall; more than 90 percent of Upward Bound graduates enter institutions of higher education and are more than twice as likely to enroll in four-year post-secondary institutions as students from similar backgrounds. Four years after high school graduation, Upward Bound graduates were four times as likely to have earned an undergraduate degree as students, from similar backgrounds, who did not participate in Upward Bound.

-PROCEDURES TO FOLLOW IF YOU ARE INTERESTED IN THE PROGRAM

Complete all sections of the application packet and return it to your high school counselor or mail to Adams State Upward Bound, 208 Edgemont Blvd. Suite 2170, Alamosa, CO, 81101, or stop by Richardson Hall room 245.

Phone: (719) 587-7865
Fax: (719) 587-8193
Website: www2.adams.edu/students/upbound/

Your application will not be considered until you complete all requirements of the packet.
UPWARD BOUND PROGRAM

Student Application

PART A: STUDENTS DEMOGRAPHIC INFORMATION (To be completed by the student)

<table>
<thead>
<tr>
<th>Student's Name (First)</th>
<th>Middle</th>
<th>Last</th>
<th>Student's Social Security Number</th>
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<table>
<thead>
<tr>
<th>Student's Address (Street/P.O. Box Number)</th>
<th>City / Town</th>
<th>Zip Code</th>
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</table>

<table>
<thead>
<tr>
<th>E-mail address</th>
<th>Student’s Cell Phone Number</th>
<th>Telephone Number</th>
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<table>
<thead>
<tr>
<th>School</th>
<th>Grade</th>
<th>Male/Female</th>
<th>Date of Birth</th>
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On the following lines, please describe how to get to your house (directions)

________________________________________________________________________

________________________________________________________________________

Race/Ethnicity: Both a. and b. must be answered.

A. Ethnicity: Are you of Hispanic or Latino origin? (If yes, choose one or more from the list below.)

- [ ] Yes
- [ ] No

□ Cuban
□ Mexican, Mexican American, or Chicano
□ Other Hispanic or Latino
□ Puerto Rican

B. Race: Choose one or more from the list below.

- [ ] African-American/Black
- [ ] Native Hawaiian/Pacific Islander
- [ ] American Indian/Alaskan Native
- [ ] Other Asian
- [ ] White/Caucasian

(please specify tribal affiliation)______________________________

If you were not born in the U.S., where were you born?

________________________________________________________________________

Citizenship:

- [ ] U.S. Citizen
- [ ] Eligible U.S. Citizen
- [ ] Alien Registration No.
- [ ] Neither

Do you speak other languages besides English? [ ] Yes [ ] No

Specify________________________

Which language do you prefer to write in? [ ] Yes [ ] No

Speak in_____________________

Do you have a physical disability? [ ] Yes [ ] No

If "yes," describe the disability and special disability assistance required.

Please list all of your extra-curricular activities you hope to be involved in during high school:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(TO BE COMPLETED BY UPWARD BOUND OFFICE)

Applicant Status:

- [ ] Qualifies as low Income
- [ ] Qualifies as both low Income and First Generation College Potential
- [ ] Qualifies as First Generation College Potential
- [ ] Does not qualify for the Program

Entry Date

Academic Need
PART B: FAMILY INFORMATION (To be completed by the parent or Legal Guardian)

With whom does student usually live? Please circle: Both Parents  Father  Mother  Legal Guardian(s)

What is the preferred language in the home?______________________________

Female Head of Household
Relationship to Child: ___________________________ Male Head of Household
Relationship to child: ___________________________
Name: ___________________________ Name: ___________________________
Address: ___________________________ Address: ___________________________
E-mail address: ___________________________ E-mail address: ___________________________
Cell Number: ___________________________ Cell Number: ___________________________
Occupation: ___________________________ Occupation: ___________________________
Employer: ___________________________ Employer: ___________________________
Work phone: ___________________________ Work phone: ___________________________
Has this person earned a college bachelor’s degree or beyond? YES_______ NO__________
If no to both, please sign to verify that neither parent has earned a bachelor’s degree.

______________________________________  Parent/Legal Guardian Signature

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 head of household.

Names: ___________________________ Relationship: ___________________________Names: ___________________________ Relationship: ___________________________
(self)_____________________________ ___________________________ ___________________________
_____________________________ ___________________________ ___________________________
_____________________________ ___________________________ ___________________________
_____________________________ ___________________________ ___________________________

To determine student eligibility for Upward Bound services, the U.S. Department of Education requires that the parent(s) or guardian(s) supply all sources of taxable income. Please specify all sources of income in the spaces that follow.

ANNUAL TAXABLE INCOME- The annual taxable amount is listed on the federal tax return of the
1040 form, the 1040 A form, or the 1040 EZ form. Annual Amount:$ _____________

Monthly Income & Source (For example, TANF, Social Security, SSI, Disability, etc.)
Amount: $ _____________ Source: ___________________________
Amount: $ _____________ Source: ___________________________
Amount: $ _____________ Source: ___________________________
Amount: $ _____________ Source: ___________________________

PLEASE ATTACH A COPY OF YOUR MOST CURRENT TAX RETURN, SOCIAL SECURITY, TANF, or VETERAN’S STATEMENT OF BENEFITS, OR COPIES OF CHECK STUBS WITH THIS APPLICATION FOR INCOME VERIFICATION
PART C: SELF-RECOMMENDATION (To be completed by student applicant only)
To the Student: Now it’s your turn. This part of the application is designed to give you an opportunity to tell us a little about yourself. Please address these questions in a format that will best reflect you as an individual.

Students, please hand-write this section.

1. How much education do you expect to get during your lifetime? (Please Circle One)
   A. College, but less than a bachelor's degree
   B. B.A. or equivalent
   C. 1 or 2 years of graduate or professional study (Master's degree)
   D. Doctoral degree such as M.D., Ph.D., etc.

2. Please list three goals that you have for yourself right now:

   _______________________________________________________________________

   _______________________________________________________________________

   _______________________________________________________________________

3. About 50% of college/university students typically leave before receiving a degree. If this should happen to you, what would be the most likely cause? (Please Circle One)
   A. Absolutely certain that I will obtain a degree
   B. To accept a good job
   C. To enter military service
   D. It would cost more than my family could afford
   E. Lack of Support
   F. Disinterest in study
   G. Lack of academic ability
   H. Insufficient reading or study skills
   I. Other

4. Tell us about a time you were an advocate for yourself.

   _______________________________________________________________________

   _______________________________________________________________________

5. Tell us about a time you were a leader.

   _______________________________________________________________________

   _______________________________________________________________________

6. When you have a problem, name at least three people you go to and why.

   _______________________________________________________________________

   _______________________________________________________________________

   _______________________________________________________________________

7. Tell us about a field of interest you have explored on your own.

   _______________________________________________________________________

   _______________________________________________________________________

   _______________________________________________________________________

8. Tell us about your involvement in your community.

   _______________________________________________________________________

   _______________________________________________________________________

   _______________________________________________________________________

9. Have you ever faced a major consequence in your life (for example, a suspension), how did you handle it?

   _______________________________________________________________________

Please include any other information that you feel will be helpful in selecting you as a candidate for the ASC Upward Bound Program on a separate sheet of paper.
**Academic Commitment Section**

*The Upward Bound Program is a four-year commitment. You will be required to attend four summer sessions (residential or non) as well as attend all-school and regular night sessions. Accommodations can be made for other extra-curricular activities and programs.*

During the Summer Residential Component, the following curricula are offered:

1. Algebra I and II, Geometry
2. Pre Calculus, Trigonometry
3. Speech and Writing
4. Literature and Composition
5. Chemistry/Biology/Physics

Summer Residential Program electives may include Computers, Spanish, Theatre, Success Development, Folklorico Dance/Art, Technology, Southwest History and Recreation.

**Academic Year Component**

During the academic year, students meet twice a month for night sessions to improve academically. Also stressed in both components is student participation in career and educational counseling, in which Upward Bound counselors work on a one-to-one basis with students, developing career and educational goals twice a month at target schools.

All students that apply to the Upward Bound program are required to participate fully in both the Academic Year Component and the Summer Residential Program for the duration of their high school participation.

**AGREEMENT SECTION**

Each student who enters the Upward Bound program acknowledges that the academic program includes rigorous instruction in English and Mathematics. The student must be willing to put forth effort and interest to succeed, and is expected to work in an environment where excellence is stressed, both in Upward Bound and regular high school classes. Also, the student is expected to raise his/her high school grade point average while in Upward Bound.

Do you fully understand the guidelines and responsibilities, outlined in this application?  _____Yes  ____No

Do you foresee any circumstances that may affect your performance or inhibit in any way your ability to fulfill your (Initial) responsibilities as an Upward Bound student?  _____Yes  ____No

- 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
- I will follow all required rules and guidelines when living on the Adams State College Campus
- I will follow all required rules and guidelines when attending field trips, campus visits, etc.

By signing and dating the agreement, you consent to fulfill your responsibilities, and to participate fully in ALL Upward Bound activities, as noted above; in order to participate fully, you must sign the agreement.

I, ______________________________, agree to commit myself to academic improvement and excellence if I am chosen to participate in Upward Bound. I further understand that I will be expected to work hard, to cooperate fully with Upward Bound Instructors and Staff, and to put a sincere effort into my attendance and participation in Upward Bound classes and activities. I feel I will benefit from a program of rigorous academic instruction and agree to the conditions set forth in this document. If I do not fulfill my obligations, I understand I may be dropped from the program.

Student: ____________________________  DATE_________________

Parent: _____________________________  DATE_________________

**The following must accompany your packet in order for it to be accepted as a complete application:**

1. Transcript (Transcripts are available upon request from the school counseling office.)
2. Achievement test scores (Most recent CSAP Scores)
3. Proof of Income (Check stubs or most recent tax returns)
**RECOMMENDATION (To be completed by a teacher, counselor, or school official that can evaluate the student's current academic performance)**

Student’s Name: ____________________________ School: ____________________________

Recommender’s Name: ____________________________ Title: ____________________________

What do you consider to be the student’s areas of academic interest and/or educational goal(s)?

__________________________________________________________________________________________

Describe any evidence in addition to grades and test scores, which indicate this student’s ability to be successful in post-secondary education.

__________________________________________________________________________________________

What, in your estimation, are this student’s greatest needs if he/she is to be successful in finishing high school and entering a post-secondary program? (motivation, study habits, attendance, self-esteem, specific skills).

__________________________________________________________________________________________

**PLEASE RATE THE STUDENT ON EACH OF THE FOLLOWING AREAS OF PERSONAL COMPETENCE:**  
(RATING SCHEDULE: 10 = HIGHEST; 1 = LOWEST)

<table>
<thead>
<tr>
<th>Area</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grasps fundamental ideas &amp; concepts</td>
<td></td>
</tr>
<tr>
<td>Integrates complex information</td>
<td></td>
</tr>
<tr>
<td>Completes assignments, fulfills contracts</td>
<td></td>
</tr>
<tr>
<td>Accepts criticism</td>
<td></td>
</tr>
<tr>
<td>Assumes responsibility</td>
<td></td>
</tr>
<tr>
<td>Is motivated to achieve</td>
<td></td>
</tr>
<tr>
<td>Has good work habits, is disciplined</td>
<td></td>
</tr>
<tr>
<td>Has a positive sense of self</td>
<td></td>
</tr>
<tr>
<td>Shows potential for more advanced study</td>
<td></td>
</tr>
<tr>
<td>Has foundation in basic skills</td>
<td></td>
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</tbody>
</table>

**TOTAL**

Please write any additional comments, which would be helpful in the evaluation of this applicant for membership to the Upward Bound Program.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Signature ____________________________________________ Date ____________________________
**AUTHORIZATION TO RELEASE SCHOOL RECORDS**

__________School District is hereby authorized to release all the academic records of
(Name of School District)
__________to the Adams State Upward Bound Program. In turn, ASC
(Name of Student)
Upward Bound is authorized to release attendance and academic records to the student’s respective high school
to satisfy academic progress.

_____________________________  ______________________________  __________
Student’s Date of Birth  Signature of Student  Date

_____________________________  ______________________________
Signature of Parent or Legal Guardian  Date

**UPWARD BOUND MEDICAL CONSENT**

I,__________________________, hereby acknowledge that, to the best of my knowledge, I am in good
(Name of Student)
physical health. If not, please give details of sickness, past or present that Upward Bound should be aware of.
(Explain on a separate sheet of paper).

I,__________________________, hereby give any Upward Bound staff member permission to act in the
(Name of Parent)
best interest of my son/daughter, in case of an emergency or illness, while participating in Upward Bound
activities. I also acknowledge that program staff is not to be held responsible in action taken outside of any
present legal limits.

_____________________________  ______________________________  __________
Parent Signature  Date  Student Signature  Date

It is also very important that we have the following information in case of emergency or illness while
participating in Upward Bound!!

Name of Family Doctor
Address of Family Doctor
Phone Number of Family Doctor
Name of Family Health Insurance