

# APPLICATION



## CLASSIC UPWARD BOUND



Am I Preparing?      Am I Prepared?  
I AM **PREPARING!**    I have **PREPARED!**    I **AM UPWARD BOUND!**

**PLEASE, DO NOT ATTEMPT TO ~FAX~ THIS PACKET! BRING INTO THE OFFICE TO CONFIRM YOU HAVE ALL PAPERWORK COMPLETE, Thank You !!**

## PROJECT EXPERIENCE: THE CLASSIC UPWARD BOUND PROGRAM

### To The APPLICANT: **Please Read Before You Proceed**

Upward Bound provides fundamental support to participants in their preparation for college entrance. The program provides opportunities for participants to succeed in pre-college performance and ultimately in higher education pursuits. Upward Bound serves high school students from low-income families, high school students from families in which neither parent holds a bachelor's degree, and low-income first-generation military veterans who are preparing to enter postsecondary education. The goal of Upward Bound is to increase the rates at which participants enroll in and graduate from institutions of postsecondary education.

**All Upward Bound projects provide instruction in math, laboratory science, composition, literature, and foreign language. Other services include:**

- Instruction in reading, writing, stud skills, and other subjects necessary for success in education beyond high school
- Academic, financial, or personal counseling
- Exposure to academic programs and cultural events
- Tutorial services
- Mentoring programs
- Information on postsecondary education opportunities
- Assistance in completing college entrance and financial aid applications
- Assistance in preparing for college entrance exams
- Work study positions to expose participants to careers requiring a postsecondary degree



### Eligibility

#### Who May Apply

Students must have completed the 8<sup>th</sup> grade, be between the ages of 13 and 19 (except Veterans), and have a need for academic support in order to pursue a program of postsecondary education. All students must either be from low-income families or be potential first-generation college students. The program requires that two-thirds of the participants in a project must be both low-income and potential first generation college students. The remaining one-third must be either low-income or potential first-generation college students. Students are selected based on recommendations from local educators, social workers, clergy, or other interested parties. It is preferred that students apply to Upward Bound before they reach the eleventh grade. Students going into their senior year are not eligible for Upward Bound.

**FOR YOUR INFORMATION:** Classic Upward Bound does not determine the degree status or ages of students who may apply to Upward Bound. Therefore, it is not up to program staff to change or alter these requirements in any way to help an applicant qualify for Upward Bound. For questions on how the degree status and age limits are determined, for TRIO programs or for comments on how they affect your personal family situation, please contact the United States Department of Education in Washington, D. C.

The **Information Resource Center (IRC)** is home of **1-800-USA-LEARN (1-800-872-5327)**, the telephone number for information on the Department of Education's major education improvement priorities (e.g., reading, family involvement, technology). Services provided by the IRC include:

- Information on the Department's programs and agenda;
- Registration for satellite events;
- Directory assistance for the Department;
- Referrals to Department specialists or other experts; and
- Answers to frequency asked questions.





Are you physically challenged or have any certified learning disabilities? Yes \_\_\_ No \_\_\_ (If yes, please explain on an attached sheet.)

Describe yourself by checking one circle:

- African American, Black
- Asian American, Asian, Pacific Islander
- European American, Anglo, Caucasian
- Hispanic American, Latino, Chicano
- Native American, American Indian, Alaskan Indian
- Bi-Cultural (please specify) \_\_\_\_\_
- Bi-Racial (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**Check One:** I receive free lunch \_\_\_ I receive reduced lunch \_\_\_ I pay full price for lunch \_\_\_

Have you taken the PSAT test? Yes \_\_\_ No \_\_\_ What is your PSAT score? \_\_\_\_\_ (please attach a copy of your PSAT Score Results)

Have you taken the ACT? Yes \_\_\_ No \_\_\_ Score \_\_\_ Have you taken the SAT? Yes \_\_\_ No \_\_\_ Score \_\_\_ (You must attach a copy of your ACT or SAT Score Results to this application.)

Have you failed any parts of the ILEAP or LEAP? Yes \_\_\_ No \_\_\_. (A copy of your ILEAP AND LEAP results must be attached with this application.)

## UNDERSTANDING

PLEASE READ THIS SECTION CAREFULLY:

The Federal Government, through the Department of Education, funds the Classic Upward Bound Program of COPE Inc., Alexandria, Louisiana. Applicants are admitted regardless of race, color, national or ethnic origin, or physical challenges. The personal information that you provide to the Classic Upward Bound Program is available upon request to the United States Department of Education, COPE Inc., and federal and state auditors. Each of these agencies has the authority to gather information on the Classic Upward Bound Program. The information you submit therefore becomes the property of the Classic Upward Bound Program and its affiliates. In accordance with the Privacy ACT of 1974, agencies other than those authorized are prohibited access to the files and records of the Classic Upward Bound Program. Applicants, parents and legal guardians are reminded that affiliates of the Classic Upward Bound Program have the authority to verify the information reported herein. Misrepresentation of information is a serious offense and because of the involvement of federal funds, any misrepresentation may lead to fines and/or imprisonment. All participant records will be kept in the strictest confidence in accordance with the Privacy Act of 1974

Signature of Parent(s) or Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

Date Pre-Application Completed: \_\_\_\_\_  
Month Date Year

FOR OFFICE USE ONLY:



DATE PRE-APPLICATION RECEIVED IN OFFICE

PLEASE PLACE DATE STAMP ABOVE

Signature of Administrator Receiving Application \_\_\_\_\_ Date \_\_\_\_\_



**A copy of your most recent income tax statement must be attached to this application. Please do not submit copies of W-2 forms or check stubs.**

Does your family receive income from any of the sources listed below: **(Please check all applicable sources and indicate the dollar amount received.)**

Food Stamps \_\_\_\_\_ SSI \_\_\_\_\_ VA/GI Bill \_\_\_\_\_ Pension/Retirement \_\_\_\_\_

Unemployment \_\_\_\_\_ Alimony \_\_\_\_\_ Child Support \_\_\_\_\_ Other \_\_\_\_\_

**(A statement from your caseworker or a copy of a document confirming the information you provide must be attached to this application.)**

**Please ATTACH any additional income information you NEED to share with us in support of this application.**

**SECTION C EDUCATIONAL ATTAINMENT OF PARENTS/GUARDIANS**

<b>Educational Attainment Level</b>	<b>Mother</b>	<b>Father</b>	<b>Legal Guardian</b>
Completed Middle School (answer yes or no, if applicable)			
Completed High School (answer yes or no, if applicable)			
Number of Years in High School (tell us how many, if applicable)			
Graduated from High School (answer yes or no, if applicable)			
Number of Years in a College/University (tell us how many, if applicable)			
Graduated from a Four Year College/University (answer yes or no, if applicable)			
Attended a Graduate or Professional Program (answer yes or no, if applicable)			
Completed a Graduate or Professional Program (answer yes or no, if applicable)			

Have any of your other children earned a four-year college degree? Yes No How many?

**SECTION D PARENTAL INVOLVEMENT**

One of the goals of the Upward Bound Program is to encourage parents and legal guardians to support participation in the development of participants' academic progress. Are you willing to become involved in the activities of the Parental Supporters Organization? Yes \_\_\_ No \_\_\_\_\_

Please list two (2) things you want Upward Bound to do for your child.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Please list two things you want Upward Bound to do for you as a committed parent/guardian.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Please list at least two ways in which you plan to support your child's participation in the Upward Bound Program.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Have you discussed attending and graduating from a college/university with your child? Yes \_\_\_ No \_\_\_

Have you discussed participating in the Upward Bound Program with your child? Yes \_\_\_ No \_\_\_

Do you review your child's grades with them after each grading period? Yes \_\_\_ No \_\_\_

Do you help your child plan their class schedule? Yes \_\_\_ No \_\_\_

Have you ever met with any of your child's teachers at school? Yes \_\_\_ No \_\_\_

Are there established rules for studying in your household? Yes \_\_\_ No \_\_\_

Do you know the high school graduation requirements? Yes \_\_\_ No \_\_\_ Are you aware of TOPS? Yes \_\_\_ No \_\_\_

Have you started a college savings plan for your child? Yes \_\_\_ No \_\_\_ Have you ever heard of financial aid? Yes \_\_\_ No \_\_\_

How do you feel about helping your child with homework? \_\_\_\_\_

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**After your child is admitted into the Upward Bound Program, you will have other parental responsibility documents to complete.**

**GENERAL MEDICAL CONSENT FORM**

**CLASSIC UPWARD BOUND  
SUMMER COMPONENT**

**Child's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

I hereby consent for my child to participate in the Upward Bound/Upward Bound Math-Science Summer Component activities.

In case of emergency whereas I cannot be readily contacted, I grant permission for my child's transfer to a local hospital. I will not hold Cope Inc., TRiO Programs liable for any medical expenses or accidents incurred by my child.

**SIGNED:**

\_\_\_\_\_  
Parent or Guardian Date

\_\_\_\_\_  
Address Zip Code

**PHONE:**

\_\_\_\_\_  
Parents Home Mother's /Father's Work Number

**FAMILY PHYSICIAN:**

\_\_\_\_\_  
Name Phone Number

**ALLERGIES TO FOOD/MEDICATIONS/ETC.** \_\_\_\_\_

**MEDICATION PRESENTLY TAKEN:** \_\_\_\_\_

**HEALTH PROBLEMS:** \_\_\_\_\_

**MEDICAL INSURANCE CO.** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_





**CLASSIC UPWARD BOUND  
SUMMER COMPONENT**

**Student/Parent/Teacher Compact**

**Parent/Guardian Agreement:**

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I would like to see my child become a good student and do well in school.

I will help him/her by doing the following:

- ▶ See that the child is ready each morning and attends the program daily.
- ▶ Support the program in its effort to teach and maintain proper discipline.
- ▶ Establish a time for daily homework and review it with my child.
- ▶ Stay aware of what my child is learning by reviewing papers sent home by the teacher.
- ▶ Sign papers sent home by teachers.
- ▶ Read with my child and let my child see me read.

▶ Signature \_\_\_\_\_  
(parent)

Date \_\_\_\_\_

**Student Agreement**

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It is important that I work to the best of my ability in UB/UBMS and at home and become the best student I can be.

TO DO THIS I WILL:

- ▶ Attend the UB/UBMS Summer Component everyday that I am not sick.
- ▶ Come to the UB/UBMS Summer Component each day with all supplies I need for class.
- ▶ Complete and return all homework assignments.
- ▶ Home learning assignments should be completed before the play/television hour.
- ▶ Follow the UB/UBMS Summer Component and classroom rules.
- ▶ Study and review daily.

▶ Signature \_\_\_\_\_  
(student)

Date \_\_\_\_\_

**Teacher Agreement**

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It is important that students learn good study habits, learn in a developmentally appropriate manner, achieve to the best of their ability.

I will do my best to do the following:

- ▶ Provide homework assignments that will enhance the daily UB/UBMS Summer Component work.
- ▶ Provides assistance to parents so that they will be able to help their children with assignments.
- ▶ Give feedback to student and parents by giving information about progress.
- ▶ Use special activities in the classroom to make learning enjoyable.
- ▶ Plan lessons that will challenge each child's ability.

▶ Signature \_\_\_\_\_  
(teacher)

Date \_\_\_\_\_

# PERMISSION FOR RELEASE OF RECORDS

STUDENT NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

The applicant and parents certify that all information on this application is correct, and by signing this form agree to grant permission for the release of any information regarding the student's school records.

I authorize the following types of information to be sent:

Official transcript (grade level, completed grades, course grades, courses completed, credits earned and final grades; current grades are included if information is being used)

Attendance records

Graduation information

Achievement, aptitude, and interest scores

Iowa and LEAP/GEE Achievement scores

Health data

Extra-curricula activities

Family background data

Interview information from school administration, counselors, and teachers

Official copy of report cards

We give permission to the Math-Science Upward Bound Program to have access to student records, such as report cards, transcripts, test results, disciplinary records, etc. which may be on file at the high school(s), with the local Upward Bound or Talent Search Program, or at a Postsecondary Institution. In addition, we give permission to the Math-Science Upward Bound Program to exchange such records with other educational institutions and the U.S. Department of Education. This permission is given with the understanding that such access and exchange of student records will be done in order to enhance this student's educational opportunity and to assist the Math-Science Upward Bound Program in evaluating student progress. This permission will continue until you receive written notification to the contrary.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

COPE Inc., TRiO Programs  
 904 13<sup>th</sup> St.  
 Alexandria, LA 71301  
 (318) 767-0707 Phone (318) 767-0703 Fax

Assessment Form **FOR ENGLISH TEACHER** \_\_\_\_\_

I, \_\_\_\_\_, am requesting your assistance with the application process for the Classic Upward Bound Program. Please complete this recommendation form on my behalf.

Applicant's Printed Name

Thank you, \_\_\_\_\_

Applicant's Signature

Date

**Teacher Only Beyond This Point**

Please return the assessment to the applicant in the envelope provided. Please seal the envelope and sign your name across the flap.

Length of time you have taught this student \_\_\_\_\_ Current Subject \_\_\_\_\_  
 Last Progress Report Grade in Your Class \_\_\_\_\_

Please check the appropriate boxes indicating your assessment of the applicant applying for admission to the Classic Upward Bound Program. Please return the assessment to the applicant in the envelope provided. Please seal the envelope and sign your name across the flap.

**CONFIDENTIAL**

	The Applicant	Always	Sometime s	Neve r	Don't Know
1.	Has expressed an interest in postsecondary education.				
2.	Expresses an interest in academic endeavors and it motivated in classes.				
3.	Is responsible in academic obligations				
4.	Needs to improve study habits.				
5.	Demonstrates age appropriate social and emotional behavior.				
6.	Relates well to peers				
7.	Cooperates with authority in the classroom				
8.	Has good attendance and demonstrates punctuality.				
9.	Seems motivated to achieve in class				
10.	Appearance and behavior reflects a positive self-image				
11.	Demonstrates good study habits.				
12.	Is Cooperative.				
13.	Accepts responsibility for his/her work				
14.	Performs at his/her expected academic ability level.				

15. Do you have any pertinent comments to make regarding this student's academic abilities and achievement that may have bearing on his/her admission into the Classic Upward Bound Program? You may respond below.

Given his/her grades, test scores, ability, and motivation, it is realistic for this applicant to plan for college?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_  
\_\_\_\_\_

Please rate this applicant's skills in the following areas:

	Excellent	Good	Fair	Poor	N/A
Written communications					
Oral communications					
Reading comprehension					
Study skills					

Please check areas in which you feel the applicant could benefit from Upward Bound services:

Time Management \_\_\_ Note Taking \_\_\_ Writing Skills \_\_\_ Listening Skills \_\_\_ Organization \_\_\_  
Test Preparation \_\_\_ Attitude \_\_\_ Reading \_\_\_ Penmanship \_\_\_ ACT/SAT Prep \_\_\_  
Study Skills \_\_\_ Tutoring \_\_\_

Assistance with high school course selection \_\_\_ Assistance with career development \_\_\_

Assistance with college selection \_\_\_ Assistance with self-development (please circle): Motivation, Self-Esteem, Social Skills, Communication Skills, Others \_\_\_\_\_

Would you recommend the applicant as someone who has potential for post-secondary educational opportunities?

Yes \_\_\_ No \_\_\_

If no, please explain:

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

Teacher's Printed Signature \_\_\_\_\_ Contact Number \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date: \_\_\_\_\_

May we contact you regarding this assessment? Yes \_\_\_ No \_\_\_



**CLASSIC UPWARD BOUND**  
 COPE Inc., TRiO Programs  
 904 13<sup>th</sup> St.  
 Alexandria, LA 71301  
 (318) 767-0707 Phone (318) 767-0703 Fax

**Assessment Form**

**FOR MATH TEACHER**

I, \_\_\_\_\_, am requesting your assistance with the application process for the Classic Upward  
Applicant's Printed Name

**Bound Program. Please complete this recommendation form on my behalf.**

Thank you, \_\_\_\_\_  
Applicant's Signature Date

**Teacher Only Beyond This Point**

Please return the assessment to the applicant in the envelope provided. Please seal the envelope and sign your name across the flap.

Length of time you have taught this student \_\_\_\_\_ Current Subject \_\_\_\_\_  
 Last Progress Report Grade in Your Class \_\_\_\_\_

Please check the appropriate boxes indicating your assessment of the applicant applying for admission to the Classic Upward Bound Program. Please return the assessment to the applicant in the envelope provided. Please seal the envelope and sign your name across the flap.

**CONFIDENTIAL**

	<b>The Applicant</b>	<b>Always</b>	<b>Sometime s</b>	<b>Neve r</b>	<b>Don't Know</b>
1.	<b>Has expressed an interest in postsecondary education.</b>				
2.	<b>Expresses an interest in academic endeavors and it motivated in classes.</b>				
3.	<b>Is responsible in academic obligations</b>				
4.	<b>Needs to improve study habits.</b>				
5.	<b>Demonstrates age appropriate social and emotional behavior.</b>				
6.	<b>Relates well to peers</b>				
7.	<b>Cooperates with authority in the classroom</b>				
8.	<b>Has good attendance and demonstrates punctuality.</b>				
9.	<b>Seems motivated to achieve in class</b>				
10.	<b>Appearance and behavior reflects a positive self-image</b>				
11.	<b>Demonstrates good study habits.</b>				
12.	<b>Is Cooperative.</b>				
13.	<b>Accepts responsibility for his/her work</b>				
14.	<b>Performs at his/her expected academic ability level.</b>				

15. Do you have any pertinent comments to make regarding this student's academic abilities and achievement that may have bearing on his/her admission into the Classic Upward Bound Program? You may respond below.

Given his/her grades, test scores, ability, and motivation, it is realistic for this applicant to plan for college?

Yes \_\_\_ No \_\_\_ Comments \_\_\_\_\_  
\_\_\_\_\_

Please rate this applicant's skills in the following areas:

	Excellent	Good	Fair	Poor	N/A
Knowledge of fundamental math					
Ability to relate basic math skills to practical applications					
Knowledge of elementary algebraic functions					
Study habits and test taking skills					

Please check areas in which you feel the applicant could benefit from Upward Bound services:

Time Management \_\_\_ Note Taking \_\_\_ Writing Skills \_\_\_ Listening Skills \_\_\_ Organization \_\_\_  
Test Preparation \_\_\_ Attitude \_\_\_ Reading \_\_\_ Penmanship \_\_\_ ACT/SAT Prep \_\_\_  
Study Skills \_\_\_ Tutoring \_\_\_

Assistance with high school course selection \_\_\_ Assistance with career development \_\_\_

Assistance with college selection \_\_\_ Assistance with self-development (please circle): Motivation, Self-Esteem, Social Skills, Communication Skills, Others \_\_\_\_\_

Would you recommend the applicant as someone who has potential for post-secondary educational opportunities?

Yes \_\_\_ No \_\_\_

If no, please explain:

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

Teacher's Printed Signature \_\_\_\_\_ Contact Number \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date: \_\_\_\_\_

May we contact you regarding this assessment? Yes \_\_\_ No \_\_\_

**To be considered for selection into the *COPE Inc., TRIO Upward Bound Program*, the following materials must be submitted:**

- |   |                           |
|---|---------------------------|
| 1. School photo (will not be returned)  | In packet? Yes ___ No ___ |
| 2. Copy of U.S. Birth Certificate   | In packet? Yes ___ No ___ |
| 3. Copy of Social Security Card   | In packet? Yes ___ No ___ |
| 4. Copy of current grades   | In packet? Yes ___ No ___ |
| 5. Copy of applicant's transcript (9 <sup>th</sup> graders only)                    | In packet? Yes ___ No ___ |
| 6. Copy of parent/guardian current 1040 Income Tax return or Verification of income | In packet? Yes ___ No ___ |
| 7. Copy of applicant's upcoming or present high school class schedule               | In packet? Yes ___ No ___ |

**Submitted items must be returned to:**

**The TRIO Upward Bound Program**  
COPE Inc.,  
904 13<sup>th</sup> St.  
Alexandria, LA 71301

**Note: submission of items does not constitute acceptance into program.**

