

APPLICATION



CLASSIC UPWARD BOUND



AM I PREPARING?

AM I PREPARED?

I AM PREPARING! I HAVE PREPARED! I AM UPWARD BOUND!

PLEASE DO NOT FAX THIS PACKET! BRING INTO THE OFFICE, FILL IN ON PDF FILLER OR EMAIL TO CONFIRM ONCE YOU HAVE COMPLETED THE FORM.

THANK YOU!

CLASSIC UPWARD BOUND

904 13th Street,
Alexandria, LA 71301
(318) 767-0707 Fax (318) 767-0703

Dear Applicant and Parents/Guardians

On behalf of the administration and staff, we would like to thank you for your interest in applying to the Upward Bound Program of Cope Inc. Trio Programs in Alexandria, Louisiana. The goal of the program is to develop the academic skills and motivation necessary for successful completion of highschool and college.

Potential candidates for Upward bound must commit to preparing themselves for post-secondary education before being accepted into the program. In return, Upward Bound provides its participants with a wide range of free services. Services include but are not limited to, tutoring, counseling, classroom instruction, college and career guidance. These services are aimed at improving their academic skills and their motivation and determination to pursue a post-secondary education degree.

Once your application is completed please return it to the Upward Bound Office, or email the PDF File to your Project Coordinator. **PLEASE DO NOT FAX THE APPLICATION OR ANY OF THE REQUESTED DOCUMENTATION.** Also please submit a copy of supporting documents, such as grades, transcripts, social security cards, and income information. DO NOT SUBMIT ANY ORIGINAL COPIES.

Program eligible students will be selected from those who complete an application and will be invited for an interview. **Please note that completion of this application does not guarantee program admission.** Completed applications of students who are not selected as a program participant during any given recruitment period are maintained on a waitlist until an opening occurs.

If you have any questions or concerns, please call (318) 767-0707

THANK YOU FOR YOUR INTERESTS

TRIO

UPWARD BOUND





COPE INC TRIO PROGRAMS
Upward Bound Classic
 904 13th Street Alexandria LA, 71301
 (318) 767-0707 Fax : (318)767-0703



APPLICANT INFORMATION

Date	Name	First	MI	Last	Age
Address/P.O. Box Number		Street	City	State	Zip
Apartment Name (if necessary)			Apartment No. (if necessary)		
SSN#	Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Current Grade
High School			Parish		
Name of Parents/Legal Guardian			Home Phone No. ()	Parent's Phone No. ()	Student Cell No. ()
Student's Email Address			Parent's/Guardian's Email Address		
Current GPA	Are you in a pre-college program? <input type="checkbox"/> Yes <input type="checkbox"/> No		What's the name of the program?		
How long have you been a participant?			Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Res. <input type="checkbox"/> Eligible Non-Citizen		
Country of Birth		Please attach a copy of supporting documentation, i.e., resident alien card. (Non U.S. Citizens Only)			
1. Emergency Contact		Relationship		Phone No.	
2. Emergency Contact		Relationship		Phone No.	
3. Emergency Contact		Relationship		Phone No.	

BACKGROUND INFORMATION

Check one of the following blocks :

African American/Black Native American/American Indian
 Asian-American/Asian/Pacific Islander Bi-racial (Specify) _____
 European-American/Anglo/Caucasian Other (Specify) _____
 Hispanic-American/Latino/Chicano

Are you physically challenged or have any certified learning disabilities? Yes No (If yes, identify on an attached sheet or email)

Have you taken the ACT? <input type="checkbox"/> Yes (Score : ____) <input type="checkbox"/> No	Have you taken the SAT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to attend college? (If no explain in the blank.) <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which college?		What is your current occupation?

What extra curricular activities are you involved in at school?

FOR OFFICE USE ONLY:



DATE PRE- APPLICATION RECIEVED IN OFFICE

PLEASE PLACE DATE STAMP

Signature of Administrator receiving Application _____ Date _____

Section A. Family Information

ONLY PARENTS/LEGAL GUARDIANS SHOULD RESPOND TO SECTIONS A-D
ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE

We are required by the United States Department of Education to obtain income information from all applications served by the Upward Bound TRIO Program

To be completed by Parents/Legal Guardians ONLY

Applicant lives with Both Parents Father
 Mother Other (specify) _____

If adopted or in foster care, is this recognized through a court of law? Yes No In what state? _____ Written verification must be provided.

Did you or your spouse attend but not complete college? Yes No Verification of parent's/legal guardian's Degree Status Form must be completed and attached to this application

Name of the head of the household First _____ Last _____ Relationship to applicant? _____

As head of the household, do you claim the applicant as a dependant on your tax form? Yes No If no, explain on a seperate document

List all family members who live in the household, including the applicant.

Name	Age	Relationship to Applicant	Grade Level	Check if Receiving Free/Reduced Lunches at School	Check if Attending College	Check if Employed
<u>Applicant</u>						

Section B. Documentation of Income

Number of family members claimed in the household as dependents on your taxes? Yes No Form used? 1040 1040EZ I do not file taxes

What is your taxable income? _____ Indicate tax year applicable _____

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

Does your family recieve income from any of the sources listed below? Check all applicable and indicate dollar amount recieved.

Food Stamps \$ _____ SSI \$ _____ VA/GI Bill \$ _____
 Pension/Retirement \$ _____ Alimony \$ _____ Child Support \$ _____

A statement from your caseworker or a copy of a document confirming this information must be attached to this application.

Section C. Educational Attainment of Parents/Guardians

Educational Attainment Level	Mother	Father	Legal Guardian
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/Univeristy (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 (2) 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 univerity 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?

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

THIS MUST BE PRINTED

Teacher Referral Form - English

The purpose of this form is to gather information on each application to determine those who will best be served by the Upward Bound Program at Cope Inc. Trio Programs. Please frankly document your evaluation of this applicant's ability to benefit from these program services. Keep in mind that the purpose of Upward Bound is to generate skills and motivation essential for post-secondary educational achievement. Applicants must possess the ability to pursue post-secondary education, but may not be able to do so without the services provided by the Upward Bound TRIO Program.

Applicant's Name	School	Grade
Length of Acquaintance		Classes in which you have taught applicant

How would you describe the applicant's motivation to complete high school? (check the appropriate box)

- Strong (Plans to go to college) Fair (Plans to graduate) Weak (His risk for non-competition) Cannot access

How would you describe the applicant's performance in class? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Attentive/focused | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Turns in work on time | <input type="checkbox"/> Often turns in work late/not at all |
| <input type="checkbox"/> Asks questions in class | <input type="checkbox"/> Must improve communication with teacher |
| <input type="checkbox"/> Works hard | <input type="checkbox"/> Must improve amount of effort put forth |
| <input type="checkbox"/> Takes notes | <input type="checkbox"/> Never takes notes |
| <input type="checkbox"/> Does well on tests | <input type="checkbox"/> Does poorly on tests |
| <input type="checkbox"/> Reads well | <input type="checkbox"/> Must improve reading skills |
| <input type="checkbox"/> Is creative | <input type="checkbox"/> Put little expression into work |
| <input type="checkbox"/> Turns in neat, well organized work | <input type="checkbox"/> Must improve quality of work |
| <input type="checkbox"/> Strong math skills | <input type="checkbox"/> Must improve math skills |
| <input type="checkbox"/> Strong science skills | <input type="checkbox"/> Must improve science skills |
| <input type="checkbox"/> Strong writing skills | <input type="checkbox"/> Must improve writing skills |
| <input type="checkbox"/> Strong verbal skills | <input type="checkbox"/> Must improve verbal skills |
| <input type="checkbox"/> Disruptive | <input type="checkbox"/> Must improve behavior |
| <input type="checkbox"/> Inattentive | <input type="checkbox"/> Must improve attention span |

Check the skills/aptitudes that apply to the applicant (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Exhibits leadership |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Involved with school activities | <input type="checkbox"/> Bilingual |
| <input type="checkbox"/> Strong willed | <input type="checkbox"/> Role model |
| <input type="checkbox"/> Committed to family | <input type="checkbox"/> Positive influence |
| <input type="checkbox"/> Strong community involvement | <input type="checkbox"/> Overcomes obstacles |
| <input type="checkbox"/> Balances work/school well | <input type="checkbox"/> Well organized/prepared |

Signature _____ Date _____ Position _____

Teachers : Your assistance in completing this form is appreciated. Please include any additional comments that would help in the evaluation of this applicant (attach additional pages if necessary). Once completed return the referral form as soon as possible to the student applicant or school counselor. The application will not be complete until this form is submitted.

THIS MUST BE PRINTED

Teacher Referral Form - Math

The purpose of this form is to gather information on each application to determine those who will best be served by the Upward Bound Program at Cope Inc. Trio Programs. Please frankly document your evaluation of this applicant's ability to benefit from these program services. Keep in mind that the purpose of Upward Bound is to generate skills and motivation essential for post-secondary educational achievement. Applicants must possess the ability to pursue post-secondary education, but may not be able to do so without the services provided by the Upward Bound TRIO Program.

Applicant's Name	School	Grade
Length of Acquaintance	Classes in which you have taught applicant	

How would you describe the applicant's motivation to complete high school? (check the appropriate box)

- Strong (Plans to go to college) Fair (Plans to graduate) Weak (His risk for non-competition) Cannot access

How would you describe the applicant's performance in class? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Attentive/focused | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Turns in work on time | <input type="checkbox"/> Often turns in work late/not at all |
| <input type="checkbox"/> Asks questions in class | <input type="checkbox"/> Must improve communication with teacher |
| <input type="checkbox"/> Works hard | <input type="checkbox"/> Must improve amount of effort put forth |
| <input type="checkbox"/> Takes notes | <input type="checkbox"/> Never takes notes |
| <input type="checkbox"/> Does well on tests | <input type="checkbox"/> Does poorly on tests |
| <input type="checkbox"/> Reads well | <input type="checkbox"/> Must improve reading skills |
| <input type="checkbox"/> Is creative | <input type="checkbox"/> Put little expression into work |
| <input type="checkbox"/> Turns in neat, well organized work | <input type="checkbox"/> Must improve quality of work |
| <input type="checkbox"/> Strong math skills | <input type="checkbox"/> Must improve math skills |
| <input type="checkbox"/> Strong science skills | <input type="checkbox"/> Must improve science skills |
| <input type="checkbox"/> Strong writing skills | <input type="checkbox"/> Must improve writing skills |
| <input type="checkbox"/> Strong verbal skills | <input type="checkbox"/> Must improve verbal skills |
| <input type="checkbox"/> Disruptive | <input type="checkbox"/> Must improve behavior |
| <input type="checkbox"/> Inattentive | <input type="checkbox"/> Must improve attention span |

Check the skills/aptitudes that apply to the applicant (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Exhibits leadership |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Involved with school activities | <input type="checkbox"/> Bilingual |
| <input type="checkbox"/> Strong willed | <input type="checkbox"/> Role model |
| <input type="checkbox"/> Committed to family | <input type="checkbox"/> Positive influence |
| <input type="checkbox"/> Strong community involvement | <input type="checkbox"/> Overcomes obstacles |
| <input type="checkbox"/> Balances work/school well | <input type="checkbox"/> Well organized/prepared |

Signature _____ Date _____ Position _____

Teachers: Your assistance in completing this form is appreciated. Please include any additional comments that would help in the evaluation of this applicant (attach additional pages if necessary). Once completed return the referral form as soon as possible to the student applicant or school counselor. The application will not be complete until this form is submitted.

Certification

PLEASE READ THIS SECTION CAREFULLY AND THOROUGHLY BEFORE SIGNING

The Federal Government through the Department of Educational funds the Classic Upward Bound Trio 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.

I understand that all records will be kept in the strictest confidence in accordance with the Privacy Act of 1974.

Print Name of Parent(s) or Guardian(s) _____ Date: _____

Signature of Parent(s) or Guardian(s) _____ Date: _____

Print Name of Applicant _____ Date: _____

Signature of Applicant _____ Date: _____



Permission for Release of Records

Student Name : _____

Social Security Number : _____

The applicant and parents certify that all information on this applicaiton 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 Classic Upward Bound Program in order 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 is 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. The permission will continue until you receice written notification to the contrary.

Student Signature

____/____/____
Date

Parent/Guardian Signature

____/____/____
Date

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UPWARD BOUND SUMMER COMPONENT

Student/Parent/Teacher Compact

Parent/Guardian Agreement

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

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

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 _____

General Medical Consent Form

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

Parents Home

Mother's/Father's Work Number

FAMILY PHYSICIAN : _____

Name

Phone Number

ALLERGIES TO FOOD/MEDICATIONS/ETC : _____

MEDICATIONS PREVIOUSLY TAKEN : _____

HEALTH PROBLEMS : _____

MEDICAL INSURANCE CO : _____

POLICY NUMBER : _____

EMERGENCY CONTACT PERSON : _____

PHONE : _____

Application Checklist

To be considered for selection into the Upward Bound Program, the following 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 (9th graders only) | In packet? Yes ___ No ___ |
| 6. Copy of (1) Math & (1) English Teacher Recommendations | In packet? Yes ___ No ___ |
| 7. Copy of parent/guardian current 1040 Income Tax return or Verification of income | In packet? Yes ___ No ___ |
| 8. Copy of applicant's upcoming or present high school class schedule | In packet? Yes ___ No ___ |

All of the above items/forms must be attached to the application when it is notarized. Incomplete applications will not be considered.

Submitted items must be returned to :

COPE Inc. Trio Programs
904 13th St. Alexandria, LA 71301

Note : Submission of items does not constitute acceptance into program.

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