

Utah State University Eastern™

UPWARD BOUND

Application Received ___/___/___ Date Accepted in Program ___/___/___
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<i>Office Use Only</i>
<input type="checkbox"/> First Generation <input type="checkbox"/> Low Income <input type="checkbox"/> First Generation & Low Income <input type="checkbox"/> High Risk for Academic Failure <input type="checkbox"/> Copy of Transcript/State Assessment scores

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Please complete this application in full and return it to address indicated above. Federal regulations require that Upward Bound collect this data for all students **prior to participation approval**. USUE UB will treat all information with confidentiality. **Each student must provide their social security number prior to being accepted into the program.**
 Admission into the program is based on financial and academic eligibility, need, readiness, personal commitment and available space.

Please print neatly. Indicate "N/A" if an item is not applicable to you.

School: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Nickname or Name Student prefers to go by: _____

Birth Date: _____ Gender: _____ Age: _____

Social Security Number: _____ Grade in School: _____ Year of Graduation: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Street Address (if different from your mailing address): _____

City: _____ State: _____ Zip Code: _____

Student's Email Address: _____

Home Telephone Number: _____ Student's Cell Phone Number: _____

Parent(s) or Guardian(s)' Name(s): _____

Parent(s) or Guardian(s) Cell Phone Number: _____

Parent(s) or Guardian(s) Email Address: _____

Are you in a foster home or a Ward of the Court? Yes No

Race/Ethnicity (check all that apply):

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Other
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Hispanic or Latino	

Are you a U.S. Citizen? Yes No

If you were not born in the U.S., where were you born? _____ When did you move to the U.S.? _____

Do you speak other languages besides English? Yes No If yes, which one(s)? _____

What language are you most comfortable speaking and/or writing? _____

What languages do your parent(s) or guardian(s) speak? _____

Do you receive free or reduced lunch? Yes No

How many persons live in your household? _____

What is the annual TOTAL household income for ALL persons living in the home (please include child support, alimony, SSI, SSD, interest income, pensions, VA benefits, and any other non-taxable income): (HEA 1070-11(e)(1))

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$18,090 | <input type="checkbox"/> \$30,631 - \$36,900 | <input type="checkbox"/> \$49,441 - \$55,710 |
| <input type="checkbox"/> \$18,091 - \$24,360 | <input type="checkbox"/> \$36,901 - \$43,170 | <input type="checkbox"/> \$55,711 - \$61,980 |
| <input type="checkbox"/> \$24,361 - \$30,630 | <input type="checkbox"/> \$43,171 - \$49,440 | <input type="checkbox"/> Over \$61,981 |

The student lives with (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Both mother and father | <input type="checkbox"/> Mother and Stepfather | <input type="checkbox"/> Father and Stepmother |
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only | <input type="checkbox"/> Guardian(s) |
| <input type="checkbox"/> Other (please explain) _____ | | |

Please provide the education information for the parents that the student lives with:

FATHER/STEPFATHER'S EDUCATION

- Some high school
- High school graduate/GED
- Some college
- Associate's Degree (2 year college)
- Bachelor's Degree (4 year college)
- Other (explain) _____

MOTHER/STEPMOTHER'S EDUCATION

- Some high school
- High school graduate/GED
- Some college
- Associate's Degree (2 year college)
- Bachelor's Degree (4 year college)
- Other (explain) _____

Upon graduation from high school, what do you think you would like to do? Check all that you are considering.

- | | |
|--|--|
| <input type="checkbox"/> Attend a trade school (cosmetology, auto repair, etc.) | <input type="checkbox"/> Attend a 4 year college |
| <input type="checkbox"/> Enroll in a technical college program (dental hygiene, welding, etc.) | <input type="checkbox"/> Get a job after high school |
| <input type="checkbox"/> Attend a 2 year college | <input type="checkbox"/> Enlist in the military |
| <input type="checkbox"/> Other: _____ | |

ACADEMIC AND PERSONAL INFORMATION

Current GPA _____ out of 4.0 State Assessment Test Scores: Language Arts/Reading _____ Math _____

What high school extracurricular activities do you participate in?

List any special awards you've received in or out of school:

What community service activities have you participated in?

What are your hobbies, talents or areas of special interest?

STUDENT'S PERSONAL STATEMENT

This essay is an important part of this application and provides the staff with insight on which services will best suit the student. Please have your child take the time to complete this essay thoughtfully and thoroughly. Essays must be typed, double spaced and at least two paragraphs in length. There are no right or wrong answers just an opportunity for us to learn more about the student.

On a separate paper please us about yourself by answering the following questions:

- 1. What are your strengths?
- 2. What are your weaknesses?
- 3. What are your plans for the future?
- 4. What do you see as potential barriers to achieving your plans?
- 5. How might Upward Bound help you accomplish your goals?

PARENTAL INVOLVEMENT

Upward Bound is a multi-year commitment and if your son/daughter/ward is accepted into the program, are you willing to support the continuous involvement throughout high school? Yes No

Are you willing to provide all the financial and academic records required to allow your son/daughter/ward to participate in Upward Bound? Yes No

Do you have any questions that you would like one of our staff to answer for you?

I certify that the information reported above is accurate and complete to the best of my knowledge. If requested, I agree to provide further documentation to verify the information reported. To assist in determination of eligibility for the Upward Bound Program, I authorize the Program staff to discuss information contained on this form with the applicant. I understand that the Upward Bound Program will hold all information provided strictly confidential.

Applicant's Signature: _____

Parent or Guardian's Signature: _____

School Counselor Signature: _____

Directors Signature/Acceptance into Upward Bound Program: _____