

**Upward Bound Student Application**

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| **Instructions:** Please contact 484-646-4101 or [jrichter@kutztown.edu](mailto:jrichter@kutztown.edu) if you have questions.   * Complete all sections of this application in **BLUE** OR **BLACK** ink (no pencil)! * Return your application in one of the following ways:   + Upward Bound Office – located at William Allen High School Room 8-007   + Upward Bound Mailbox – located at William Allen High School Main Office   + Mail Application – Upward Bound Program 15200 Kutztown Road Kutztown, PA 19530 |

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| ***Section 1: Student Information to be completed by student and/or guardian.*** |

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ **(*required*)**

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can Upward Bound send you text messages?  YES  NO

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| **Student Citizenship Status:** | | |
| U.S. Citizen | Permanent Resident | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Student Ethnicity/Race (select all that apply):** | |
| Hispanic or Latino  White or Caucasian  Black or African American  Hawaiian or Pacific Islander | American Indian or Alaskan Native  Asian  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Student Current Grade Level:** | | | | | | | | |
| 8th \* | 9th | 10th | 11th | 12th | Expected Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 8th grade students\* Will you attend William Allen High School? | | | | | | YES | NO | N/A |

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| Do you plan to attend college after graduating from high school? | | YES | NO |
|  | |  |  |
| Are you currently employed? | | YES | NO |
| Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Hours per week:\_\_\_\_\_\_\_\_ |  |  |
|  | |  |  |
| Do you participate in any sports, clubs or activities? | | YES | NO |
| Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| How did you hear about Upward Bound? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Kutztown University**

**TRIO Upward Bound Program**

**Needs Assessment 2019-2020**

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| ***Section 2: Needs Assessment to be completed by student or with help of Upward Bound Staff.*** |

Please answer the following questions and check all that apply.

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| **Academic/ Tutoring:** | | | |
| ***I would like assistance/help with…*** | | | |
| Increasing my G.P.A | My G.P.A. is: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Tutoring………………………………….. | Subjects I need tutoring in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Preparing for the Keystones | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Preparing for the SAT/ACT tests………... | Have you taken any prep. classes? | YES | NO |
| Registering for the SAT/ACT tests……… | Have you already taken the SAT? | YES | NO |
| Taking better notes in class |  | | |
| Turning homework in on time |  | | |
| Learning study skills/test taking strategies |  | | |
| Improving relationships with teachers |  | | |

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| **Career & College Planning** | | | | |
| I am interested in these careers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| I am interested in these colleges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| I plan on obtaining the following degree(s): | | | | |
| Associate’s (2yr.) | Bachelor’s (4yr) | | Master’s (5+ yr.) | Doctorate or Professional |
| ***I would like assistance/help with…*** | | | | |
| Researching careers | |  | | |
| Choosing a career | |  | | |
| Researching schools | |  | | |
| Choosing a school | |  | | |
| Learning about available financial aid | |  | | |
| Applying for the FAFSA | |  | | |
| Applying for scholarships | |  | | |

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| **Personal & Counseling** | |
| ***I would like assistance/help with…*** | |
| Academic counseling |  |
| Creating a career plan |  |
| Setting goals for myself |  |
| Obtaining personal counseling |  |
| Improving my confidence & self esteem |  |
| Improving my communication skills |  |
| Guidance and support |  |

**Kutztown University**

**TRIO Upward Bound Program**

**Parent/Guardian Income Information Form 2019-2020**

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| ***Section 3: Income Verification to be completed by parent/guardian.*** |

Upward Bound is required to verify an applicant’s taxable income and family size. The information is treated with the highest level of confidentiality, secured in a locked filing cabinet and not shared with anyone. **Upward Bound reserves the right to request further financial information to determine eligibility.**

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| Parent/Guardian #1 | | |
| Name: | Highest Level of Education Reached: | |
| Relationship to Student: | Elementary (K-8)  High School (9-12)  Some College  Associate’s Degree | Bachelor’s Degree  Master’s Degree  Doctorate Degree |
| Cell Phone: |
| Email: |
| Occupation/Employer: |

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| Parent/Guardian #2 | | | | | |
| Name: | Highest Level of Education Reached: | | | | |
| Relationship to Student: | Elementary (K-8)  High School (9-12)  Some College  Associate’s Degree | Bachelor’s Degree  Master’s Degree  Doctorate Degree | | | |
| Cell Phone: |
| Email: |
| Occupation/Employer: |
|  | | |  |  |  |
| 1. Does the student receive free or reduced lunch? | | | YES | NO | |
| 1. Is the student currently in foster care? (If yes, skip to Section 4) | | | YES | NO | |
| 1. Does any parent/guardian have a bachelor’s degree? | | | YES | NO | |
| 1. Did the student’s parent/guardian file a tax return last year? | | | YES | NO | |
| 1. Does anyone in the household receive public assistance such as Food Stamps (SNAP), Temporary Assistance for Needy Families (TANF), SSI or SSDI? | | | YES | NO | |

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| **Please provide a signed copy of your most recent tax return -OR- complete the chart below.**  **If the household did NOT file a tax return, please complete the chart below by indicating the household’s annual income for last year.** | | | |
| Size of Family Unit | Names of All Members living in Household | Relationship to Student | Family’s Annual Taxable Income  (NOT GROSS) |
| 1 |  |  | Below $18,090 |
| 2 |  |  | $18,091-$24,360 |
| 3 |  |  | $24,361-$30,630 |
| 4 |  |  | $30,631-$36,900 |
| 5 |  |  | $36,901-$43,170 |
| 6 |  |  | $43,171-$49,440 |
| 7 |  |  | $49,441-$55,710 |
| 8 |  |  | $55,711-$61,980 |

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| **Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Kutztown University**

**TRIO Upward Bound Program**

**Participation & Consent to Release Information Form 2019-2020**

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| ***Section 4: Consent to Release Information Form to be completed by student and parent/guardian.*** |

*TRIO Upward Bound is required by the U.S. Department of Education to collect data on students throughout their high school and postsecondary careers.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

give my consent of his/her participation in the Upward Bound Program being sponsored by Kutztown University and the Allentown School District. I understand my child will be attending after-school tutoring classes and Saturday sessions at William Allen High School during the school year. After the school year, my child will be attending a six-week academic summer program. This program will also include various trips and visits to Kutztown University. I will encourage my student’s compliance with all rules, regulations, and program requirements, and understand that his/her failure to comply could result in dismissal from the program.

I hereby give permission for my student to travel in a vehicle operated by Upward Bound staff members or contracted by the program and release Kutztown University and Upward Bound of all liability related to accidents and injuries. I consent to and authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child's attendance at or participation in the Kutztown University Upward Bound program. I hereby give permission for photos and videos of my student to be used in Upward Bound’s community and campus press releases, newsletters, videos, websites, social media sites, and recruitment materials. This permission can be withdrawn at any time by submitting a written request to the program’s director. As a federally funded, educational program, the Upward Bound Program is required to maintain student records. Under rules established by the Family Educational Rights and Privacy Act (FERPA), you are hereby notified that the program’s student records, and the information they contain are kept confidential, and that the student (and your parents, if the student is younger than 18 years) have the right to inspect the contents of the record. The term Kutztown University shall include the corporation named Trustees of Kutztown University and its successors, trustees, officers, agents, representatives, contractors and all persons for whose conduct the University is or could be legally responsible.

I authorize my student’s school district to release the following records which include but are not limited to: release of disciplinary records, report cards, transcripts, free and reduced lunch applications, Individualized Education Plans (IEPS) and standardized test scores (including Keystone, PSSA, PSAT, SAT and/or ACT scores to the Upward Bound Program from this point forward and I authorize Upward Bound staff to access my student’s online school record management system. I authorize any college/university where my student/I enroll to release my transcripts to the Upward Bound program for tracking and program follow-up purposes. I understand that the U.S. Department of Education funds the KU Upward Program and will use these records to provide academic advisement for my child. I also understand that these records will be handled in a confidential manner and that they will be made only available to program staff and representatives from the Federal and State Department of Education. Lastly, I give permission for the TRIO Upward Bound staff to contact school administrators, counselors, and Intermediate Unit staff regarding my student and his/her needs.

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s School ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***With our signatures below, we agree to the items listed above and verify that the information provided throughout this application is true and accurate to the best of our knowledge.***

Student Name (please print):

Student Signature: Date:

Parent/Guardian Name (please print):

Parent/Guardian Signature: Date:

*Note: A photocopy of this Consent to Release Information Form should be accepted as an original and the date indicated below has no bearing on when the information is requested by the KU Upward Bound Program.*

**Kutztown University**

**TRIO Upward Bound Program**

**Student Writing Sample 2019-2020**

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| ***Section 5: Student Writing Sample to be completed by student.*** |

As part of the selection process, The Upward Bound Program asks each student to tell us in writing why they would be a good candidate for the program. Please tell us about yourself, your interests and goals and why you would like to participate in Upward Bound. In addition, please write about what reasons you have for attending college or another post-secondary program and why it is important to you. Be specific and tell us as much about yourself as possible. Not only will this writing sample be used for selection, it will also be used to determine how we can help develop your writing skills. You may use this sheet for your writing sample or attach another sheet.

**Kutztown University**

**TRIO Upward Bound Program**

**Office Use Only 2019-2020**

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| ***Section 6: Office Use Only to be completed by Upward Bound Staff.*** |

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| **OFFICE USE ONLY: Application Checklist** | |
| **Application Forms** | **Notes** |
| Student Info, page *1* |  |
| Needs Assessment, page *2* |  |
| Income Form, *page 3* |  |
| Consent & Release, *page 4* |  |
| Writing Sample, *page 5* |  |
| Office Use Only, *page 6* |  |
| Recommendation, *page 7* |  |

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| **OFFICE USE ONLY: Income Eligibility and Admission Documentation** | | | | |
| Eligibility: | FGC | LI | HR | FGC= First Generation to College  LI= Low Income  HR= High Risk for Academic Failure |
|  | | | |  |
| **Admission:** | **Admit** | **Deny** | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**  **Project Director Signature Date** | | | |

Kutztown University does not discriminate on the basis of race, color, sex, sexual orientation, religion, national or ethnic origin, age, disability, or status as a disabled or Vietnam Era veteran in regard to the administration of all campus programs, services and activities and the admission of students, employment actions, or other sponsored activities. Furthermore it is KUs policy not to tolerate harassment of any type, including sexual harassment, of or by any employee, student, contractor, vendor, and/or visitor to Kutztown University.

**Kutztown University**

**TRIO Upward Bound Program**

**Teacher Recommendation Form 2019-2020**

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| ***Section 7: Teacher Recommendation form to be completed by teacher or guidance counselor.*** |

**DIRECTIONS TO APPLICANT:** It is your responsibility to ask one of your classroom teachers or guidance counselors to complete this recommendation. This form must be included with your Upward Bound application.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This recommendation is being completed by:

Teacher - Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guidance Counselor – Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIRECTIONS TO PERSON COMPLETING THIS FORM:** The Upward Bound program is designed to increase knowledge, skills, and motivation for students’ success in postsecondary school. Please rate this student with an objective, honest observation of the student’s academic strengths and weaknesses. Please return the completed form to the Upward Bound mailbox in the main office or scan/email to [jrichter@kutztown.edu](mailto:jrichter@kutztown.edu). Should you have any questions, please contact our office at 484-646-4101.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Poor | Fair | Average | Good | Excellent | N/A |
| 1. Attitude towards academics | 1 | 2 | 3 | 4 | 5 | 0 |
| 2. Intellectual ability/level of understanding | 1 | 2 | 3 | 4 | 5 | 0 |
| 3. Communication skills | 1 | 2 | 3 | 4 | 5 | 0 |
| 4. Study skills/habits | 1 | 2 | 3 | 4 | 5 | 0 |
| 5. Responsibility | 1 | 2 | 3 | 4 | 5 | 0 |
| 6. Dependability and reliability | 1 | 2 | 3 | 4 | 5 | 0 |
| 7. Attendance record | 1 | 2 | 3 | 4 | 5 | 0 |
| 8. Potential to be a successful UB participant | 1 | 2 | 3 | 4 | 5 | 0 |

Additional Comments:

Teacher/Counselor Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_