



UPWARD BOUND

Application

APPLICATION INSTRUCTIONS

About Upward Bound

Upward Bound is a year-round program consisting of a nine month Academic Year Component and a six-week residential Summer Academy. The Academic Year Component includes academic counseling, academic instruction on Saturdays, weekly tutoring, college visits, cultural and social experiences, and post-secondary assistance. During the Summer Academy, Upward Bound participants live on campus and experience college life while taking college-modeled classes. Participation in this program is a commitment until graduation. *IPFW Upward Bound's goal is to assist students toward their college dreams!*

Application Process Instructions

1. Please PRINT in ink or type your responses. Leave nothing blank.
2. Please take all recommendation forms to your counselor and your appropriate teachers. Your counselor and teachers will then return them to the Upward Bound office.
3. For priority consideration, all application materials must be submitted to the Upward Bound Office **as soon as possible**. Return completed applications and information to:

Indiana University – Purdue University Fort Wayne
Upward Bound,
2101 E. Coliseum Blvd-Walb G27
Fort Wayne, IN 46805-1499

4. After all application materials are received, someone from the Upward Bound Office will contact each you to arrange an interview with both you and your parent/guardian. The interview will allow the Upward Bound staff to verify information provided in the application, as well as, provide an opportunity for parents and students to gain further insight into program expectations and activities.
5. When scheduling the interview, parents will be asked to bring proof of your **family's income** and **proof of the student's citizenship**. Students will not be admitted until all paperwork has been turned in. The following are acceptable forms of documentation of income:
 - ✓ **A signed copy of your family's most current federal tax forms (Forms 1040/1040A/1040EZ/1040PC)**
 - ✓ **Proof of a recent eligibility letter from a caseworker or public assistance agency that verifies the family's level of income or assistance; or**
 - ✓ **A recent Social Security or Veterans benefit award letter**

For proof of citizenship and residency, students must bring a one of the following combinations of information:

- ✓ **A birth certificate and social security card**
- ✓ **A permanent residence card and social security card**

Tentative Upward Bound Application Process

- Return completed application to high school counselor or Upward Bound office
- Schedule Interview with student and parent/guardian
- Receive letter about status from Upward Bound
- Participate in New Student Orientation with parent/guardian

Realize your college dreams.

IPFW UPWARD BOUND PROGRAM

Upward Bound is a federally – funded program designed to assist eligible high school students prepare for college. The program helps students achieve academic success in high school, select a college, and complete admission and financial aid applications.



To qualify, student must:

- Have a strong desire to attend college and earn a degree
- Be a current 9th or 10th grade student
- Be a low-income (based on federal standards) or a first-generation college student
- Have a need for academic support

Upward Bound provides:

- Academic enrichment with focus on English, math, and science
- Six-week summer academy with a three week residential experience
- College tours
- Cultural enrichment and leadership opportunities
- Career exposure
- Advising and college prep workshops
- Parent involvement opportunities

Student from the following schools are eligible :

- Wayne High School
- North Side High School
- South Side High School
- New Haven High School

For Office Use Only:
 Date Received: _____
 Date Complete: _____



NEW STUDENT APPLICATION

PERSONAL INFORMATION

Date: _____

Student's Full Legal Name: _____
First Middle Last

Gender: Male Female

Home Address: _____ Apt # _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Student Alternate Phone: _____

Email Address: _____

High School: _____ Current Grade: 9th 10th

Expected year of high school graduation: _____

Social Security Number: _____-_____-_____ Date of Birth: ____/____/____

Ethnic/Racial Identity (please indicate all that apply):

- American Indian/Alaskan Native African American/Black Asian
- Hispanic/Latina(o) Native Hawaiian/ Pacific Islander White (non-Hispanic)
- Other: _____

Are you a citizen of the United States? Yes No

If no, are you a permanent resident of the United States? Yes No

If yes, Alien Registration Number: A- _____

Are you a participant in the 21st Century Scholars Program? Yes No

Student's Name (please print clearly): _____



STUDENT SELF-PROFILE AND EDUCATION PLAN

Please indicate with a check mark which of the areas listed below you want Upward Bound to help you improve. Check all that apply.

Academic Performance

- Tutoring
- Improvement in English—Writing
- Improvement in English—Reading
- Improvement in Science
Which sciences? _____
- Improvement in Foreign Language
Which language? _____
- Improvement in Social Studies
Which areas? _____
- Improvement in Math
Which areas? _____
- Improvement in Other Areas
Which areas? _____

College Entrance Process

- ACT/SAT Preparation
- Financial Aid/Scholarships
- Filing FAFSA
- Gaining knowledge about/visiting college
- Completing admission applications

What careers are you interested in? _____

Please list areas in your academic life that need improvement. _____

Please list areas in your personal life that need improvement. _____

Please identify extracurricular activities and/or job obligations you currently have. _____

Personal Growth & Development

- Gaining self-control
- Counseling and Support
- Mentoring
- Setting Goals/Being Motivated
- Info on Health & Wellness
- Clarify values, interests, skills
- Exploring diverse cultural interests

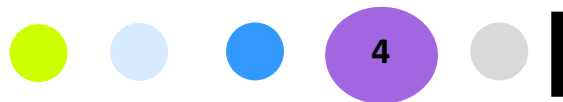
Study Skills

- Note taking
- Reading comprehension
- Test taking/Test anxiety
- Time management
- Critical thinking

Career Development

- Exploring/choosing Major(s)
- Exploring/choosing Career(s)
- Shadowing Professionals

Let your parent or guardian complete this part.



PARENT(S)/ LEGAL GUARDIAN(S) INFORMATION

This form is to be completed by the parent(s) and /or legal guardians(s) who is LEGALLY responsible for this applicant. Information regarding a participant's household income is required by the U.S. Department of Education to determine eligibility for participation in the Upward Bound Program. Information requested is kept confidential.

Student's Full Legal Name: _____
First Middle Last

Is applicant a foster child or ward of the state? Yes No

Father

To be completed by Father, Stepfather or Male Guardian with whom the student lives.

Do not live with father Single parent household: Yes No

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Work Phone: _____ Cell Phone: _____

Occupation: _____

Highest Level of Education/Degree Received:

High School Diploma GED 2-Year College Degree 4-Year College Degree Other: _____

Mother

To be completed by Mother, Stepmother or female Guardian with whom the student lives.

Do not live with mother Single parent household: Yes No

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Work Phone: _____ Cell Phone: _____

Occupation: _____

Highest Level of Education/Degree Received:

High School Diploma GED 2-Year College Degree 4-Year College Degree Other: _____

FAMILY FINANCIAL INFORMATION



Please list **ALL** persons (related or unrelated) currently living in the student's household:

Name and Age	Relationship to student	Name of school, job, or other
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Does the family qualify for Food Stamps? Yes No Case # _____

Do you qualify for Public Assistance? Yes No Case # _____

Did you complete an Income Tax Return for last year? Yes No

***If you answered yes to any of the above questions and can provide the appropriate documentation or a copy of your tax return, you may skip the rest of this section.**

What was your total family household income for this past year? _____

How many persons were depended upon your household income for this past year? _____

Please indicate **total monthly income** received from any of the following source(s) this past year.

Alimony/Child Support \$ _____ Social Security \$ _____

Unemployment Benefits \$ _____ Welfare/AFDC \$ _____

Non-Work Other Income \$ _____ Veterans Benefits \$ _____



I fully support my child's application for admission into the IPFW Upward Bound Program and will attend an interview with my child. I certify that all the information, including all financial information, reported is true and complete to the best of my knowledge.

Parent/Guardian Signature

Date

Indiana University-Purdue University Fort Wayne Upward Bound College Preparatory Program

HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT OF A MINOR

Program Attending: Upward Bound College Preparatory Program Dates of Program: _____

Student Name: _____ Birth date: _____

Permission for Treatment: The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment for minors/students who become ill or injured while participating in an Indiana University-Purdue University Fort Wayne sponsored Program and when parents or guardians cannot be reached.

Release of Information: By my signature below, I authorize Indiana University-Purdue University Fort Wayne to release medical information regarding the above named minor/student to any person or entity to whom Indiana University-Purdue University Fort Wayne refers the minor/student for medical treatment.

TO GRANT CONSENT

I, (we) _____ of _____, _____,
Name of Parent(s)/Legal Guardian(s) *(City)* *(County)*
(State)

Do hereby state that I (we) are the parent(s) or legal guardian(s) of: _____, a minor.
Name of Child

Should an emergency arise while my child is under the supervision of the staff of Indiana University-Purdue University Fort Wayne, I, (we) do hereby authorize the staff to obtain medical attention for my child. I, (we) do hereby give consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine during the program period.

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical Insurance: _____, _____, _____
ID Number *Group Number* *Member's Name*

Medical History: Allergies, if any, including medication and foods: _____

Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy): _____

Medicines your child is now taking and dosage: _____

Date child received last Tetanus injection or booster (if known): _____

Any physical restrictions: _____

I, (we) can be reached at the following phone number(s) in an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contacts in the event that I cannot be reached:

Day Name _____ Phone: _____ Relationship to Student _____

Night Name _____ Phone: _____ Relationship to Student _____

Signature(s) of Parent(s)/Legal Guardian(s)

Date

Indiana University Purdue University Fort Wayne
UPWARD BOUND COLLEGE PREPARATORY PROGRAM

SCHOOL RECORDS RELEASE FORM

Name _____ Date of Birth _____ - _____ - _____
Month Day Year

Address _____
Street City State Zip

Social Security Number _____ - _____ - _____

I acknowledge that Indiana University-Purdue University Fort Wayne Upward Bound College Preparatory Program's purpose is to prepare me to successfully graduate from high school and a four-year post-secondary institution of higher education. As a federally-funded program, Upward Bound must abide by the U.S. Department of Education's rules and regulations in regards to tracking current and former Upward Bound students [Authorization: U.S. Department of Education: 34 CFR Part 645.32 (b) (4) and (b) (5)]. As such, I understand Upward Bound's obligation in obtaining academic documentation from my current or previous high school(s) and six years following the end of my high school graduation and enrollment into a four-year post-secondary institution.

Therefore, I hereby **authorize for all high school and post-secondary documentation to be released** to Indiana University-Purdue University Fort Wayne Upward Bound College Preparatory Program staff members.

Parent Please Initial Here:

I grant the Indiana University-Purdue University Fort Wayne Upward Bound program access to view my student's grade and transcript information via his or her high school's educational internet website.

I am signing this release form with the knowledge that this document is valid for the next ten (10) years for the purpose of tracking academic information.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Upward Bound is a student development program, which operates under the auspices of the Office of Multicultural Affairs at Indiana University-Purdue University Fort Wayne. Upward Bound is a TRiO program fully funded annually by the U.S. Department of Education for \$500,000. TRiO programs support higher education for all students, without regard to race, gender, national origin, or disability.

2101 E. Coliseum Blvd., Fort Wayne, IN 46805-1499
260-481-4188

COUNSELOR RECOMMENDATION FORM

RE: _____
(Student's Name)

PLEASE ATTACH A COPY OF THE STUDENT'S MOST RECENT TRANSCRIPTS, GRADES, AND TEST SCORES TO THIS FORM.

Cumulative GPA/Scale: ____/____ Grade Level: _____ Expected Year of Graduation: _____

Grade 8 I-STEP: English Pass Did not pass Math Pass Did not pass N/A

ECA: Math Pass Did not pass N/A Score _____

English Pass Did not pass N/A Score _____

Attendance Record: Excellent Good Fair Poor

Student's motivation for enrolling in post-secondary education: High Low

Type of post-secondary education:

Four-year college Two-year college Armed Forces Vocational/Technical School
(Bachelor Degree) (Associate Degree)

Student's career interests: _____

In your opinion, what is the student's most significant academic need: _____

Please give your perception of this student's academic potential. Include academic, social, and family factors:

Is this student currently enrolled in any special needs classes or does this student have any physical needs that should be addressed? If yes, please list them.

Counselor's Name: _____

Signature: _____

Telephone: _____

Date: _____

School Name: _____

Email: _____

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ENGLISH TEACHER RECOMMENDATION FORM

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STUDENT'S NAME: _____ HIGH SHOOOL: _____

ENGLISH TEACHER'S NAME: _____ CLASS NAME: _____

Grade student is currently earning in your class? _____

Please answer each of the following questions.

1. How would you describe this student's academic ability and motivation in your class?

2. On the basis of your experience with the student, please rate him/her on each of the following criteria:

	Very Deficient	Below Average	Above Average	Excellent
Reading ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CONTINUE ON BACK

Realize your college dreams.

3. *In your estimate, will this student:*

___ greatly benefit from the services of Upward Bound.

___ benefit from the services of Upward Bound.

___ not benefit from the services of Upward Bound.

4. We welcome any additional comments that you think may be helpful to us.

English Teacher's Signature

Date

Because the applicant cannot be processed until the Upward Bound program receives this form, the student and the program would appreciate a prompt and completed reply by

_____.

Please return this form to the high school counselor who is coordinating activities with Upward Bound or you may return it to:

**Indiana University – Purdue University Fort Wayne
Upward Bound/WU G27
2101 E. Coliseum Blvd.
Fort Wayne, IN 46825-1499**

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MATH/SCIENCE TEACHER RECOMMENDATION FORM

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STUDENT'S NAME: _____ HIGH SCHOOL: _____

MATH/SCIENCE TEACHER'S NAME: _____ CLASS NAME: _____

Grade student is currently earning in your class? _____

Please answer each of the following questions.

1. How would you describe this student's academic ability and motivation in your class?

2. On the basis of your experience with the student, please rate him/her on each of the following criteria:

	Very Deficient	Below Average	Above Average	Excellent
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CONTINUE ON BACK

Realize your college dreams.

3. *In your estimate, will this student:*

___ greatly benefit from the services of Upward Bound.

___ benefit from the services of Upward Bound.

___ not benefit from the services of Upward Bound.

4. We welcome any additional comments that you think may be helpful to us.

Math/Science Teacher's Signature

Date

Because the applicant cannot be processed until the Upward Bound program receives this form, the student and the program would appreciate a prompt and completed reply by

_____.

Please return this form to the high school counselor who is coordinating activities with Upward Bound or you may return it to:

**Indiana University – Purdue University Fort Wayne
Upward Bound/WU G27
2101 E. Coliseum Blvd.
Fort Wayne, IN 46825-1499**

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