# Marshall University Upward Bound Application

Upward Bound is a federally funded program for high school students whose purpose is to motivate and prepare them for higher education. Rising freshmen through seniors are eligible for our program. We are interested in students who demonstrate the ability to be successful in college. Serving students in Cabell, Lincoln and Wayne Counties, we offer tutoring, counseling and workshops. During the summer program, students have the opportunity to live on the Marshall University campus, travel, participate in sports, social and cultural activities, and take academic as well as elective classes. As a part of the Federal TRIO Programs, Upward Bound has a well-established record of helping students achieve academic as well as personal success. Upward Bound is an equal opportunity program and does not discriminate on the basis of race, religion, national origin, gender or disability. Any concerns regarding discrimination will be handled by the Director of Upward Bound.

Important Reminders to Speed the Processing of Your Upward Bound Application:

- Check to make sure that you have attached a copy of your parent's income tax statement (Form 1040, 1040A or 1040EZ detailing Taxable Income) if they filed for income tax. If your parents did not file an income tax form last year because income received was not taxable, please have a statement prepared detailing the source(s) of income received. Please submit the signed statement to us as an attachment or fax it to (304) 696-3166. If you have questions about this, talk with your In-school Coordinator or contact the Upward Bound office at (304) 696-6462.
- Once you have provided all the necessary information to the Upward Bound Program, your application will be reviewed along with grades and test scores received from their school. Missing information will cause a delay. We will let you know if the information collected qualifies you for the Upward Bound Program. Once this occurs, it will be necessary for you and a parent to be interviewed by one of our staff members. Also, three completed evaluation sheets from school staff will need to be submitted to us to complete the application. Blank evaluation forms will be provided to you.
- Though you may qualify for Upward Bound, it may be necessary to place you on an alternate list if there are no openings at the time. Do not be discouraged! Students leave the program because they move, resign, or graduate from high school. When someone leaves Upward Bound, we replace him or her with a person from our alternate list.
- Remember, if you have any questions, talk with your In-school Coordinator or contact the Upward Bound office at (304) 696-6462. Our fax number is (304) 696-3166 if you wish to fax any information to us.



Upward Bound Marshall University One John Marshall Drive Huntington, WV 25755 (304) 696-6462 (304) 696-3166 (fax) lacy13@marshall.edu



### **Application Checklist**

Fill out and sign all areas of the application.
Attach a copy of <b>parent(s)' income tax statement</b> (Form 1040, 1040A or 1040EZ detailing Taxable Income), if filed.
If parents did not file an income tax form last year because income was not taxable, then parent must have a statement prepared stating that they had no taxable income and detailing the source(s) of income received. The signed statement needs to be submitted to us
Make sure all references/evaluations are completed by either a teacher, counselor, or principal when blank forms are provided to you after review of your application.

#### PERSONAL INFORMATION

			Gender		
Student Name(Last)	(First)	(Middle)			
Address			ن Male ن Female		
(Number and Street)	(City) (Si	tate) (Zip)			
Student Date of Birth/	/		U.S. Citizen		
(Month) (Day)	(Year)		Yes ٿ No		
Student Social Security Number			□ No		
			Race		
Student Email address			Caucasian 🏜		
			African American ف African American ف American Indian		
Home Phone (	Student Cell (	)	Hispanic or Latin ف		
High School	Grade		ٹ Asian Other ٹ		
21.5.1	Grade		(specify)		
Parent or Guardian Name/Relationship _			Are you in another TRIO Program?		
Cell ()			HATS ف EATS ڤ		
Add'l Parent or Guardian Name/Relation	nship		TRIO ف		
Cell ()	•		No		
Parental Marital S	Status		Residence		
Together ٺ	Widowed ٹ	With whom do you cu	With whom do you currently reside?		
ے Separated	Never married ف	ف Both parents ف	Grandparent Spouse		
Divorced ٹ		ف One Parent ف	Foster Parent		
Father or Male G	<u>uardian</u>	Mot	her or Female Guardian		
Father or Male Guardian		Mother or Female Gua	and in a		
(Las	t) (First)	Mother of Female Gua	(Last) (First)		
Address		Address_			
(Number & Street) (Cit	y) (State) (Zip)	(Number & S	treet) (City) (State) (Zip)		
Email Address Email Address					
Is father presently living in the home? ن Yes No Is mother presently living in the home? ن Yes No					
Does father have a four-year college degree? ن Yes ن No  Does mother have a four-year college degree? ن Yes No  Method: Four leaves of the state of					
Father's Employment Status:  Mother's Employment Status:  Employed ن Disabled Permanent ن Unemployed ن Employed ن Disabled Permanent ن Unemployed					
ے Self-Employed ن Disabled Temporay ن Deceased ن Unknown ن Self-Employed ن Disabled Temporay ن Deceased ن Unknown					
Employer					
(Name) (Pho	ne) (Occupation)	(Name)	(Phone) (Occupation)		
Additional Family Information					
Number of children dependent upon parent(s) for financial support (including yourself):					
Dleage list names of dependent shild	Place list names of dependent shildren (in aludina resume 10.				
Are there any other persons living in the household dependent upon parents for financial support? Yes No  If yes, explain relationship.					
If yes, explain relationship					

#### FINANCIAL STATEMENT

The financial information detailed below will be needed to determine the eligibility of this applicant for the Upward Bound Program. This information must be provided and will be kept confidential. This information should be for the parent/guardian who claims the student as a dependent.

If you filed an income tax return for last year or the year before, we will need a copy of your income tax statement (Form 1040, 1040A or 1040EZ) showing your taxable income. Please attach the statement to the application or fax it to (304) 696-3166.

If you were not required to file an income tax return, we request a statement detailing the family's main source(s) of non-taxable income. Please include the signed statement as an attachment or fax it to (304) 696-3166.

Social Security ف

Science ٹ

Other ڤ

Math ڤ

- Public Assistance ف
- Black Lung Benefits
- Miner's Retirement Benefits ف
- Veteran's Benefits
- Vocational Rehabilitation ف

Social Studies ف

Foreign Language ف

Other ڦ

(specify

EDUCATIONAL GOALS					
Educational Plans  I am undecided about my educational goals.  I have no plan to continue my education after high school.  After high school, I plan to continue my education at:  Community College College or University  Technical or Vocational School Military  List below the job(s) you can see yourself in at the age of 30, and explain the reason for your choice(s).					
Do you have a part-time job? Where?	How many hours a week do you work?				
	TUTORING NEEDS				
Please check the area(s) below in whi	ch you would need tutoring assistance:				

English/Speech ف



## Student Assessment Questionnaire

Name (Print):	
School:	
Grade:	

#### **Questions and Comments**

1	Are you interested and motivated in going to college?	□YES	□NO	
2	Did either of your natural or adoptive parents graduate from a four-year college?	□YES	□NO	
3	Do you need assistance or tips for textbook reading, note-taking, test-taking, or study skills?	□YES	□NO	
4	Are you failing classes and willing to seek tutoring to improve your grades if needed?	□YES	□NO	
5	Would you attend tutoring after school and/or on weekends?	□YES	□NO	
6	Do you know what classes you need to graduate from high school and to enroll in college?	□YES	□NO	
7	Are you taking the classes you need to graduate from high school?	□YES	□NO	
8	Have you ever been to a college campus?	□YES	□NO	
9	Do you need financial assistance (loans, grants, scholarships) to be able to attend college?	□YES	□NO	
10	Do you have any knowledge of the student financial aid and scholarships that might be available to you?	□YES	□NO	
11	Do your parents understand the college admissions and financial aid process?	□YES	□NO	
12	Do you know what your career choice is?	□YES	□NO	
13	Do you know where to find career information?	□YES	□NO	
14	Do you know what postsecondary program you will need to enroll in to reach this career goal?	□YES	□NO	
15	Would you like more information related to your career choice?	□YES	□NO	
16	Do you need help with registration, studying for, paying for, or taking the ACT and/or SAT College Entrance Exams? If you do not know what these tests are, please check yes.	□YES	□NO	
17	Do your parents support your desire to go to college?	□YES	□NO	
18	Have you participated in service learning or volunteer activities?	□YES	□NO	
19	Do you currently have a job?	□YES	□NO	

PERSONAL RECORDS RELEASE FORM		
I give my permission for records of my child, I understand that these records and grades are to used to determine my child's academic strength	High School to release all grades and, to the Marshall University Upward Bound program. be held in the strictest confidence. These records will be s and weaknesses.	
Signature of Parent or Guardian	Date	
PARENT AGRE	EMENT TO PARTICIPATE	
includes scheduled academic and summer programedical and dental care authorized by a qualifie	, (please <u>print</u> student's name and program at Marshall University. This participation ram activities and trips. I further grant permission for any ed physician. I will give full cooperation to the Upward the rules of participation and to remain an active particible authority.	
Signature of Parent or Guardian	Date	
PHOTOLIKENESS RELEASE		
I authorize the Upward Bound program at Mars.  ———————————————————————————————————	<u>rint</u> student's name in blank) and consent to the use of his/ terials, advertising, news media, video and online materials.	
Signature of Parent or Guardian	Date	
STUDENT COMM	ITMENT TO PARTICIPATE	
participation in activities during the school year	, (please <u>print</u> student's name in blank) agree to arshall University. I understand that this involves active and in the six-week summer program. School activities shall University and weekly meetings with the In-School	
Signature of Student	Date	
PERMISSION TO PROV	TIDE CONTACT INFORMATION	
I authorize the Upward Bound program at Mars to colleges, trade schools, and other educational various notices.	hall University to provide my student's contact information organizations from which they could benefit receiving	
Signature of Parent or Guardian	Date	