

SUNY Adirondack TRIO Upward Bound

Student Application Packet

****Please return this packet with tax return attached to your counseling office!****

Applicant Name: _____

TRIO Upward Bound Application

TRIO Upward Bound is a student centered program designed to generate and promote the skills and motivation necessary to enter and succeed in college. Upward Bound accepts rising ninth grade through twelfth grade students attending Fort Ann, Fort Edward, Glens Falls, Hudson Falls, and South Glens Falls, Salem, Whitehall, Granville, Argyle, Hartford, North Warren, Warrensburg, and Corinth School Districts.

Application Check List

TRIO Upward Bound is funded by the United States Department of Education and SUNY Adirondack at no cost to income eligible and first generation high school students.

1. Please complete the following application pieces as thoroughly as possible and forward it to the Upward Bound office.

Student Application Packet

- Eligibility information
- Educational Authorization Form
- Student Questionnaire
- Attached most recent Federal Tax Return (1040)

Once completed please return to the Upward Bound, 640 Bay Road, Queensbury, NY 12804 OR your School Counseling Office.

2. Hand out the following counselor and teacher recommendation forms:

- a. School Counselor Form
- b. Math Teacher Recommendation Form
- c. English Teacher Recommendation Form
- d. Other Teacher Recommendation Form

3. Selected students will be invited to an admissions interview. It is required that a parent or guardian accompany the student to the interview.

4. After your interview, Upward Bound staff will review all of your application materials and will make a decision regarding your admission to the program.

5. You will receive a letter informing you of the decision. There are four possibilities:

- a. **Accepted:** In this case, you will receive a letter of acceptance and a *Student Commitment Pledge* to return to Upward Bound indicating your intent to participate in the program.
- b. **Wait Listed:** Due to Federal regulations, our program capacity is limited. In the event that your application is complete and we have a full roster, your application will remain on the waitlist through the end of the calendar year. If an opening occurs, waitlisted applications will be reviewed.
- c. **Deferred:** When the program has reached capacity, students whose applications are in progress will receive a letter advising them that no further applications will be considered at this time. They may elect to reapply at a later date.
- d. **Denied:** Under Federal regulation, TRIO Upward Bound is designed to serve a specific population of students. Although a student may be eligible, he or she may not meet additional admissions requirements. If your application is denied, we will fully inform you as to why this decision was made.



STUDENT INFORMATION

Student Name: _____ Sex: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ Age: _____ Social Security Number: _____

Home Phone #: _____ Student Cell #: _____

Student Email: _____ Parent Email: _____

Race/Ethnicity: White Asian Black/African American Pacific Islander

American Islander Hispanic/Latino Other

U.S. Citizen Permanent Resident Other _____

Applicant Lives With: Mother Father Both Parents Parent/Step Parent Legal Guardian

Other (please explain) _____

SCHOOL INFORMATION

Name of High School: _____ Grade: _____

School Counselor: _____

FAMILY AND HOUSEHOLD INFORMATION

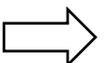
Parent/Guardian 1 Name: _____
(Last) (First) (MI)

Occupation: _____ Employer: _____ Cell Phone: _____

Level of Education Completed: _____ High School: _____ College: _____

Parent/Guardian 2 Name: _____
(Last) (First) (MI)

Occupation: _____ Employer: _____ Cell Phone: _____



Level of Education Completed:

High School:

College:

Number of Brothers/Sisters: _____ How many people live in your home? _____

List all Persons Residing in Your Household (including yourself):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY FINANCIAL STATEMENT

Upward Bound is an educational program sponsored by the U.S. Department of Education for high school students from modest income families and/or who will be first generation college-going students. In order to be eligible, one or both of these requirements must be met.

Family Size	<i>Taxable Income (Line)</i>
1	\$19,140
2	\$25,860
3	\$32,580
4	\$39,300
5	\$46,020
6	\$52,740
7	\$59,460
8	\$66,180

I. *Is this student in Foster Care?* Yes No

If yes, then the student is automatically eligible and you do not need to complete this page. Please have the Commissioner of Social Services or natural parent sign and date.

Signature: _____ Date: _____

County: _____

II. On your most recent tax return, what was the federal taxable income of the parent/guardian who claimed the applicant?
\$ _____ (line 11b on 1040)

III. Please enclose a signed copy of your most recent FEDERAL INCOME TAX RETURN (1040) or proof of public assistance/SSI benefits with this application, if available.

IV. Is this applicant eligible for the free or reduced lunch school meal program? Yes No

V. Did either natural or adoptive parent, with whom the applicant is now living, graduate from a four-year college or university? Yes No

If Yes, where? _____

I certify that the information above is true and accurate as reported. I agree to give documentation to the Upward Bound program as requested.

Parent/Guardian Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

AUTHORIZATION TO RELEASE EDUCATION INFORMATION

Applicant's Name: _____ **Soc. Security #:** _____
(Last) (First) (Middle)

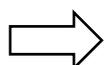
To the officials of: _____
(Name of High School)

I hereby grant permission for TRIO Upward Bound at SUNY Adirondack to have access to the school records and other related information of my daughter/son named above including the cumulative record, standardized test scores, academic schedules, IEP (Individualized Education Program), behavioral records, and copies of future report cards. I authorized my child's school counselor to speak to Upward Bound about all matters pertaining to my student. I understand that the records that Upward Bound requests will be used only for the purpose of providing service, determining program eligibility, and monitoring academic progress and/or reporting to the United States Department of Education. I also understand and agree that, per Federal regulations, Upward Bound is required to collect these records throughout my son/daughter's high school career even if he/she terminates from the program prior to graduation.

Signature: _____ **Date:** _____
(Parent or Legal Guardian)

I hereby grant permission for TRIO Upward Bound at SUNY Adirondack to have access to my school records and other related information including: my cumulative record, standardized test scores and copies of future report cards until the time of my graduation. I understand that Upward Bound requests only for the purpose of providing service, determining program eligibility, monitoring academic progress and/or reporting to the United States Department of Education

Signature: _____ **Date:** _____
(Student Signature)



STUDENT QUESTIONNAIRE

Name: _____ Grade: _____ Date: _____

Please answer the following questions as honestly and thoroughly as possible. Your responses are completely confidential.

1. What motivated you to apply to Upward Bound?

2. Why do you want to go to college?

3. Who most supports your decision to apply to Upward Bound and why?

4. Please list any school or extracurricular activities that you are involved in, or any hobbies, talents or interests that you have:

5. What are you most proud of having accomplished or done in your life?

6. What are your academic strengths and weaknesses?



7. What subjects interest you the most and why?

8. Briefly describe the type of life you hope to have as an adult (where would you live, with whom, doing what, etc?)

9. Do you currently have a job? Yes No If yes, where and how many hours per week?

10. What unique struggles do you have in your life that others may not face?

Please read each statement below and respond using the following scale:

Strongly Agree Agree Unsure Disagree Strongly Disagree

1 2 3 4 5

- 1. I am committed to my high school experience _____
- 2. I enjoy learning through experience _____
- 3. I am not afraid to ask for help when I need it _____
- 4. It is important for me to finish what I start _____
- 5. I want to change the type of person I am _____
- 6. I can easily learn from written material _____
- 7. Anyone can learn anything if they work hard enough _____
- 8. I believe I have control over my future _____
- 9. I am doing the best I can in school _____
- 10. I do not give up easily _____
- 11. My family supports the decisions I make _____
- 12. I am highly motivated to attend college _____
- 13. I believe I can accomplish my goals _____
- 14. I fit in well with the social life of my friends _____

