



WEST VIRGINIA UNIVERSITY

TRIO Upward Bound Program Application Checklist

Thank you for your interest in the TRIO Upward Bound program at West Virginia University!

Upward Bound is a federally funded educational opportunity program for high school students who want to attend college. The Upward Bound program at WVU partners with Preston High School to help strengthen students' academic skills, connect them with resources, and guide them toward successfully earning a college degree.

Please use the checklist below to make sure you have completed all parts of your application. Applications will not be reviewed until all parts are turned in to your school counselor or submitted to the Upward Bound office.

Checklist

Pages 1-7 of this application
School counselor assessment (page 8)
Your current grades, transcript, and most recent state test scores (this should be provided by your school counselor)
Math teacher assessment (pages 9-10)
English teacher assessment (pages 11-12)
You may also choose to submit the optional assessment (page 13), but it is not required.





TRIO UPWARD BOUND APPLICATION

Instructions:

Please complete all sections of this application and return to your school counselor, mail to the address listed, or contact our office to receive a secure upload link. Contact our office with any questions you may have.

West Virginia University Upward Bound P.O. Box 6891 Morgantown, WV 26506 - 6891 (304) - 293 – 6199 UpwardBound@mail.wvu.edu

Applicant Information

Student's First Name:	Middl	e Name:		Last Name:		
Date of Birth:	Citize	. Р	nited State Permanent I Other	Resident	Gender:	
Current School:	Current Grade L	evel:			e, what high sch	hool will you attend in
	8 th 9 th 1	0 th 11 th	12 th	9 th grade? Preston Hig	ah Sahaal	Other
Mailing Address: Number,	Street. Apt. # if ap	plicable		Piesion ni	gri School	Other
,	,					
City:			State:			Zip:
Harris Blanca Namelana		LO - II Di-	N		Lewis Address	
Home Phone Number:		Cell Pho	ne Numbe	r:	Email Addre	es:
Ethnicity:		<u> </u>				
	t Hispanic or Latin	10				
Race: Mark as many as app						
American Indian/Alaska Na	ative Asian	Black or Af	frican Amer	ican White	•	
Native Hawaiian or Other F						
Is English your native lang	juage?		ou proficie standing E		g, reading, writi	ng, and
Yes No		under	standing L	iligiləli :		
Yes No						
Have you previously participated, or are currently participating, in any of the following programs? Check all that apply.						
Upward Bound Upward E	Bound Math Scien	ce Vete	rans Upwai	rd Bound Ed	ducational Talen	t Search GEAR UP
Educational Opportunity Center Another federally funded college access program HSTA Other						
Are you involved in the juvenile justice						
system?		Yes	No			
Yes No						
What do you plan to do immediately after graduating from high school?						
4-Year College 2-Year College Technical School Work Military Undecided						





Living Situation and Parent Information

Living Situation: Describe your custody arrangement a	and living situation bel	ow:			
Do you live in any of the following sit	uations? Please check	κ all that apply.			
Shared housing with other people reason	(including relatives or	friends) due to loss of h	nousing, economic hardship, or a similar		
In a motel, hotel, shelter, vehicle, o	In a motel, hotel, shelter, vehicle, or campsite				
In a public place, park, abandoned	building, bus/train sta	ation, or similar settings	3		
Apart from your parent(s)/guardian	n(s)				
Parent Information: Complete the following information fo etc.). You can leave Parent #3 & #4 b			applicable (stepparents, adoptive parents,		
	BIOLOGI	CAL PARENT #1			
Parent's First Name:	Parent's Middle Name:		Parent's Last Name:		
Mailing Address: Number, Street,	Apt. # if applicable		Phone Number:		
City:	State:	Zip:	Email Address:		
Employed Salf amployed	d Unomploy	od Disabled	Potirod Docogood		

City:	State:	Zip:	Email Address:	
		•		
Employment Status:				
Employed Self-employ	yed Unemploy	ed Disabled	Retired	Deceased
Employer (if employed):		Job Title/Occupation	ı (if employed):	
Highest Level of Education Cor				
Grade School/Middle School	Some High School	ol High School	GED	Some College
Technical School/Certificate	Associate Degree B	achelor's Degree Ad	dvanced Degree (Mas	ster's, Doctorate, etc.)
Parent's Marital Status:			Does Parent have	custodial rights to
Married Widowed Sep	parated Divorced	Never Married	Student?	_
			Yes No	
Name of Spouse (if married):	Relationship of Spo	ouse to Student	Does Spouse have	custodial rights to
	(biological parent,	stepparent, other):	Student?	-
			Yes No	
Does Student Live with Paren	t?			
Yes, more than 50% of the	time Yes, 50% of t	he time Yes. le	ess than 50% of the	time No





V			OPWARD BOUND	
BIOLOGICAL PARENT #2				
Parent's First Name:	Parent's Middle Na	ime:	Parent's Last Name:	
Mailing Address: Number, Street, Apt. # if applicable			Phone Number:	
City:	State:	Zip:	Email Address:	
Employed Self-emplo	oyed Unemp	loyed Disab	led Retired Deceas	sed
Employer (if employed):		Job Title/Occupation	n (if employed):	
	Some High Scho	· ·	Advanced Degree (Master's, Doctorate, e	
Parent's Marital Status: Married Widowed Separ		lever Married	Does Parent have custodial rights to Student? Yes No	
Name of Spouse (if married):	Relationship of Sp (biological parent,	ouse to Student stepparent, other):	Does Spouse have custodial rights Student? Yes No	to
	Does Student Live with Parent? Yes, more than 50% of the time Yes, 50% of the time Yes, less than 50% of the time No			
	P	ARENT #3		
Parent's First Name:	Parent's Middle Na		Parent's Last Name:	
Mailing Address: Number, Stree	t, Apt. # if applicable		Phone Number:	
City:	State:	Zip:	Email Address:	
Employment Status: Employed Self-employed Unemployed Disabled Retired Öeceased				
Employer (if employed): Job Title/Occupation (if employed):				
	Some High Scho		GED Some College Advanced Degree (Master's, Doctorate, e	
Parent's Marital Status: Married Y idowed Separated Divorced Never Married Does Parent have custodial rights to Student? Yes Po				
Name of Spouse (if married):	Relationship of Sp (biological parent,	ouse to Student stepparent, other):	Does Spouse have custodial rights Student? Yes Po	to
Does Student Live with Parent	t?			
Ÿes, more than 50% of the	time Yes, 50% of t	the time Yes,	less than 50% of the time No	





PARENT #4					
Parent's First Name:	Parent's Middle Na	Parent's Middle Name:		Parent's Last Name:	
Mailing Address: Number, Street	, Apt. # if applicable		Phone Nun	nber:	
City:	State:	Zip:	Email Addı	ress:	
Employment Status:					
Employed Self-emplo	yed Unemplo	oyed Di	sabled	Retired	Deceased
Employer (if employed): Job		Job Title/Occup	pation (if em	ployed):	
Highest Level of Education Com					
Grade School/Middle School	ol High Sc			Some College	
Technical School/Certificate Associate Degree Bachelor's Degree Advanced Degree (Master's, Doctorate, e					
Parent's Marital Status:				nt have custodia	al rights to
Married Widowed Separa	ated Divorced N	ever Married	Student?		
	T =		Yes	No	
Name of Spouse (if married):	Relationship of Spo			ise have custod	ial rights to
Student (biological		parent,	Student?	NI	
	stepparent, other):		Yes	No	
Does Student Live with Parent	l?				
Yes, more than 50% of the time Yes, 50% of		he time	Yes, less tha	n 50% of the time	e No

Household Income Information

Directions: Please provide the following information for the Household that provides the most financial support to the student.

HOUSEHOLD INFORMATION

Name List everyone in the Household, including the Student. Attach a separate sheet if needed.	Relationship to Student	Age	School/Occupation	Receives more than half of financial support from Student's Parent(s) Yes/No
1.				
2.				
3.				
4.				
5.				
6.				





The financial information requested below is **required** by the U.S. Department of Education to determine the **student's eligibility** for Upward Bound.

You must list your <u>taxable income</u> from your most recent tax return (line 15 of the 1040 tax form) on the line below.

Taxable Income: \$	
--------------------	--

If you are accepted to the program, you will be asked to verify the income listed by bringing a copy of your tax return to the Upward Bound orientation meeting prior to participating in the program. You **DO NOT** need to submit your tax return with this application.

If you did not file income tax, please submit a <u>signed letter</u> stating that you do not file taxes, what your annual household income is, and from what sources it is received.





Student Essay

Please write an essay telling why you want to be selected for the Upward Bound Program at West Virginia University.
In this essay, please tell us about your academic and career goals and how Upward Bound can help you achieve your goals.





Student Record Release Form and Signature Page	
Student Name:	
About Upward Bound: Funded by a Title IV TRIO grant from the United States Department of Educati Upward Bound project services are free to admitted students. Acceptance into meeting federally established eligibility criteria, space availability, and quality of	the program is dependent upon
How We Use Your Information From this Application: Upward Bound staff will use the data provided with this application to assess y federal regulations and to make admissions decisions for the program.	our eligibility in accordance with
Authority to Collect and Why We Need Your Information: In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U. S.C. that the Department of Education is authorized to collect information to implement under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102 with this authority, the Department receives and maintains personal information Bound program.	ent the Upward Bound program 2-325, sec. 402C). In accordance
The principal purpose for collecting this information is to administer the program evaluating participants' academic progress through high school graduation, colleast six years after leaving high school as mandated by the Department of Ed collected will be retained in Upward Bound program files in a secure and conficulties and the performance of official duties.	llege graduation, and/or for at ucation. The information that is dential manner and will only be
RELEASE OF STUDENT RECORDS	
I authorize and give permission to West Virginia University Upward Bound to	obtain information regarding my
academic, disciplinary, financial aid, and attendance records. This inform	nation may include, but is not
limited to, academic transcripts, grade reports, report cards, standardized t	est scores, attendance reports,
disciplinary and behavior reports, test results, Individualized Education Plan	n and 504 plan details, college
enrollment and completion reports, FAFSA and financial aid data, and any other	er information needed to monitor
and track my academic progress and provide services under the Upward	Bound program. I also grant
West Virginia University Upward Bound permission to speak with teacher	ers, instructors, counselors, and
other school administrators to obtain and exchange information as part of	of the services provided by the
Upward Bound program.	
I authorize the release of the information described above and certify tha provided as part of this application (including financial information) is truof my knowledge.	
Student's Signature	Date
Parent's/Guardian's Signature	Date





School Counselor Assessment

(To	be completed by school counselor)
Stu	dent's First Name: Middle Initial: Last Name:
1.	Which of the following describes the student's curriculum or pathway? Check all that apply. College Preparatory Career/Technical Education Honors/AP/Dual Enrollment Other
2.	How many days of school has this student missed this school year?
3.	How many school disciplinary actions does this student have?
4.	Has the student ever been suspended?
	If so, please describe the reason for the suspension(s):
5.	Does the student have an IEP or 504 plan?
	If so, please describe the accommodations the student receives:
6.	Please describe the student's need for Upward Bound's services:
7.	Please describe the student's fit for Upward Bound:
8.	Please add additional comments on motivation, behavior, personality, strengths, or weaknesses that you feel will help us in evaluating this student's application:
	Please attach student's <u>current year grades, most recent state test scores, and academic transcript</u> (high school transcript for high school applicants, middle school transcript for middle school applicants).
Cou	unselor's Signature: Print Name:
Sch	ool: Date:
_ •	





Mathematics Teacher Assessment

(To be completed by student's current math teacher)							
Student's First Name: Middle Initial: Last Name:							
Class/Course Subject Name:		School:					
Dear Teacher:	Dear Teacher:						

We appreciate your cooperation and candor in completing this form. This student is applying for admission into the Upward Bound Program at West Virginia University. Your assessment of this student is a crucial element in the selection process. Please return the completed recommendation form to the student or school counselor in a sealed envelope with your signature on the seal. Letters of recommendation are accepted in addition to this form but are not required. If you have any questions or concerns, please contact us at (304) 293 - 6199.

Please assess the student in the following areas:

Study Skills				Math Skills			
	Below Grade Level	At Grade Level	Above Grade Level		Below Grade Level	At Grade Level	Above Grade Level
Time Management				Knowledge of basic skills			
Organization				Accuracy in using basic skills			
Note-Taking				Problem solving ability			
Effort				Reasoning ability			
Test-Taking				Understanding of underlying ideas and concepts			
Strategies for Studying				Retention of subject matter			

Student Characteristics	Outstanding	Above Average	Average	Below Average	No Basis for Judgment	Comments
Interest in learning						
Leadership skills						
Behavior/Focus						
Self-motivation/initiative						
Creativity						
Preparation for class						
Commitment to success						
Participation in class						
Quality of class notes						
Ability to express ideas orally						
Ability to express ideas in writing						
Ability to work independently						
Ability to work in small groups						
On time class attendance						
Assignment completion						
Character						

Form continues on the back





cher's Signature:lent's Grade in This Course is:	Date:
cher's Name:	Teacher's Email:
n evaluating this student's application:	behavior, personality, strengths, or weaknesses that you feel will help u
Please describe the student's fit for Upward Bou	und:
	Bound's services:





English Teacher Assessment

(To be completed by student's current English teacher)						
Student's First Name:	Middle Initial:	Last Name:				
Class/Course Subject Name:		School:				
Dear Teacher:						

We appreciate your cooperation and candor in completing this form. This student is applying for admission into the Upward Bound Program at West Virginia University. Your assessment of this student is a crucial element in the selection process. Please return the completed recommendation form to the student or school counselor in a sealed envelope with your signature on the seal. Letters of recommendation are accepted in addition to this form but are not required. If you have any questions or concerns, please contact us at (304) 293 - 6199.

Please assess the student in the following areas:

		Language Skills					
	Below Grade Level	At Grade Level	Above Grade Level		Below Grade Level	At Grade Level	Above Grade Level
Time Management				Reading Comprehension			
Organization				Vocabulary			
Note-Taking				Grammar			
Effort				Content Analysis			
Test-Taking				Organization of Writing			
Strategies for Studying				Retention of subject matter			

Student Characteristics	Outstanding	Above Average	Average	Below Average	No Basis for Judgment	Comments
Interest in learning						
Leadership skills						
Behavior/Focus						
Self-motivation/initiative						
Creativity						
Preparation for class						
Commitment to success						
Participation in class						
Quality of class notes						
Ability to express ideas orally						
Ability to express ideas in writing						
Ability to work independently						
Ability to work in small groups						
On time class attendance						
Assignment completion						
Character						

Form continues on the back.







	acher's Signature:	Date:
Te	acher's Name:	Teacher's Email:
3.	in evaluating this student's application:	avior, personality, strengths, or weaknesses that you feel will help us
2.		
1.	Please describe the student's need for Upward Bou	nd's services:





Optional Assessment

(To be completed by a non-relative who knows the student well. This form is not required, but the student may choose to submit it as part of the application.) Student's First Name: _____ Middle Initial: ____ Last Name: ____ Recommender's Name: ______ Relationship to Student: _____ To the Person Completing this Form: We appreciate your cooperation and candor in completing this form. This student is applying for admission into the Upward Bound Program at West Virginia University. Your assessment of this student is a crucial element in the selection process. Please return the completed recommendation form to the student or school counselor in a sealed envelope with your signature on the seal. Letters of recommendation are accepted in addition to this form but are not required. If you have any questions or concerns, please contact us at (304) 293 - 6199. 1. Please describe the student's need for Upward Bound's services: Please describe the student's fit for Upward Bound: 3. Please add additional comments on motivation, behavior, personality, strengths, or weaknesses that you feel will help us in evaluating this student's application: Recommender's Signature: Recommender's Email: _____ Recommender's Phone: _____