

WEST VIRGINIA UNIVERSITY

TRIO Upward Bound Program

Application Cover Sheet

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 target schools in Preston and Taylor counties to help strengthen students' academic skills, connect them with resources, and guide them toward successfully earning a college degree. Our approach to working with students is holistic in nature and includes several year-round services for the duration of participants' high school careers.

SERVICES:

Tutoring: Weekly tutoring is offered by Upward Bound staff and volunteers at each high school to assist students in all areas of academic skill development.

Saturday Programs: Monthly Saturday programs are designed to connect students with important resources and provide them with beneficial experiences outside of the classroom. Past programs have included leadership activities, SAT prep, college campus visits, cultural celebrations, STEM programming, and more!

Individual Student Meetings: Participant needs are considered on an individual basis and assessed during individual student meetings. These meetings are designed to provide each student with the space to explore the areas in their academic, personal, and social lives where they wish to grow and improve.

Summer Program: During the summer, participants can attend the residential summer program, which provides students with a simulated college experience. For the duration of the summer program, students live on campus in a residence hall, grow their skills through academic experiences, participate in leadership activities, and explore areas for personal growth. At the end of the summer program, students can attend a week-long, out of state, college visit trip where Upward Bound students and staff explore other college campuses and cultural experiences. Students are transported, housed, and provided all meals and experiences for free.

Stipends: Students can earn a monthly stipend for their participation in Upward Bound activities. Students may earn up to \$40 per month during the academic year, \$60 during summer program, and up to \$300 if chosen for a summer work study position.

You may keep this page for your records.

TRIO UPWARD BOUND APPLICATION

Instructions:

Please complete all sections of this application and return to your school counselor, or mail to the address listed. Call or email 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:		Middle Name:		Last Name:	
Date of Birth:		Citizenship: United States Citizen Permanent Resident Other		Gender:	
Current School:	Current Grade Level: 8 th 9 th 10 th 11 th 12 th		If in 8th grade, what high school will you attend in 9th grade? Preston High School Grafton High School		
Mailing Address: Number, Street, Apt. # if applicable					
City:			State:		Zip:
Home Phone Number:		Cell Phone Number:		Email Address:	
Ethnicity: Hispanic or Latino Not Hispanic or Latino					
Race: Mark as many as applicable American Indian/Alaska Native Asian Black or African American White Native Hawaiian or Other Pacific Islander					
Is English your native language? Yes No			Are you proficient in speaking, reading, writing, and understanding English? Yes No		
Have you previously participated, or are currently participating, in any of the following programs? Check all that apply. Upward Bound Upward Bound Math Science Veterans Upward Bound Educational Talent Search GEAR UP Educational Opportunity Center Another federally funded college access program HSTA Other					
Are you involved in the juvenile justice system? Yes No			Are you in foster care, an orphan, or a ward of the court? 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 and living situation below:

Do you live in any of the following situations? Please check all that apply.

Shared housing with other people (including relatives or friends) due to loss of housing, economic hardship, or a similar reason

In a motel, hotel, shelter, vehicle, or campsite

In a public place, park, abandoned building, bus/train station, or similar settings

Apart from your parent(s)/guardian(s)

Parent Information:

Complete the following information for your biological parents and other parents if applicable (stepparents, adoptive parents, etc.). You can leave Parent #3 & #4 blank if not applicable.

BIOLOGICAL 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:
Employment Status: Employed Self-employed Unemployed Disabled Retired Deceased			
Employer (if employed):		Job Title/Occupation (if employed):	
Highest Level of Education Completed: Grade School/Middle School Some High School High School GED Some College Technical School/Certificate Associate Degree Bachelor's Degree Advanced Degree (Master's, Doctorate, etc.)			
Parent's Marital Status: Married Widowed Separated Divorced Never Married			Does Parent have custodial rights to Student? Yes No
Name of Spouse (if married):	Relationship of Spouse to Student (biological parent, stepparent, other):		Does Spouse have custodial rights to Student? Yes No
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			

BIOLOGICAL PARENT #2			
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:
Employment Status: Employed Self-employed Unemployed Disabled Retired Deceased			
Employer (if employed):		Job Title/Occupation (if employed):	
Highest Level of Education Completed: Grade School/Middle School Some High School High School GED Some College Technical School/Certificate Associate Degree Bachelor's Degree Advanced Degree (Master's, Doctorate, etc.)			
Parent's Marital Status: Married Widowed Separated Divorced Never Married			Does Parent have custodial rights to Student? Yes No
Name of Spouse (if married):	Relationship of Spouse to Student (biological parent, stepparent, other):		Does Spouse have custodial rights to Student? Yes No
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			

PARENT #3			
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:
Employment Status: Employed Self-employed Unemployed Disabled Retired Deceased			
Employer (if employed):		Job Title/Occupation (if employed):	
Highest Level of Education Completed: Grade School/Middle School Some High School High School GED Some College Technical School/Certificate Associate Degree Bachelor's Degree Advanced Degree (Master's, Doctorate, etc.)			
Parent's Marital Status: Married Widowed Separated Divorced Never Married			Does Parent have custodial rights to Student? Yes No
Name of Spouse (if married):	Relationship of Spouse to Student (biological parent, stepparent, other):		Does Spouse have custodial rights to Student? Yes No
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			

PARENT #4				
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:	
Employment Status: Employed Self-employed Unemployed Disabled Retired Deceased				
Employer (if employed):		Job Title/Occupation (if employed):		
Highest Level of Education Completed: Grade School/Middle School Some High School High School GED Some College Technical School/Certificate Associate Degree Bachelor's Degree Advanced Degree (Master's, Doctorate, etc.)				
Parent's Marital Status: Married Widowed Separated Divorced Never Married			Does Parent have custodial rights to Student? Yes No	
Name of Spouse (if married):	Relationship of Spouse to Student (biological parent, stepparent, other):		Does Spouse have custodial rights to Student? Yes No	
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				

Household Income Information

Directions: Please provide the following information. If you split time equally (50/50) between two households, please complete the Household #1 and Household #2 sections. Otherwise, just complete the Household #1 section for the Household you live in more than 50% of the time.

HOUSEHOLD #1

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 include all taxable household income. **Taxable income is listed on line 15 of your 2020 1040 tax return form.**

Taxable Income: \$ _____ **Child Support:** \$ _____ **TANF:** \$ _____
Social Security: \$ _____ **V. A. Benefits:** \$ _____ **Retirement:** \$ _____
Unemployment: \$ _____ **Other:** \$ _____

In addition to the information provided above, **you must submit a copy of your most recent tax return with this application** to verify student eligibility in accordance with federal regulations.

If you did not file income tax, please submit a **signed letter** stating that you do not file taxes, what your annual household income is, and from what sources it is received. In addition, please submit **document(s)** (Social Security statements, Child Support statements, etc.) to verify total income as listed in the letter.

HOUSEHOLD #2

Name <small>List everyone in the Household, including the Student. Attach a separate sheet if needed.</small>	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 include all taxable household income. **Taxable income is listed on line 15 of your 2020 1040 tax return form.**

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Social Security: \$ _____ **V. A. Benefits:** \$ _____ **Retirement:** \$ _____
Unemployment: \$ _____ **Other:** \$ _____

In addition to the information provided above, **you must submit a copy of your most recent tax return with this application** to verify student eligibility in accordance with federal regulations.

If you did not file income tax, please submit a **signed letter** stating that you do not file taxes, what your annual household income is, and from what sources it is received. In addition, please submit **document(s)** (Social Security statements, Child Support statements, etc.) to verify total income as listed in the letter.

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 Education, the West Virginia University Upward Bound project services are free to admitted students. Acceptance into the program is dependent upon meeting federally established eligibility criteria, space availability, and quality of application materials.

How We Use Your Information From this Application:

Upward Bound staff will use the data provided with this application to assess your eligibility in accordance with federal regulations and to make admissions decisions for the program.

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. 552A), you are hereby notified that the Department of Education is authorized to collect information to implement the Upward Bound program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, sec. 402C). In accordance with this authority, the Department receives and maintains personal information on participants in the Upward Bound program.

The principal purpose for collecting this information is to administer the program, including tracking and evaluating participants' academic progress through high school graduation, college graduation, and/or for at least six years after leaving high school as mandated by the Department of Education. The information that is collected will be retained in Upward Bound program files in a secure and confidential manner and will only be released to Department of Education officials in the performance of official duties.

RELEASE OF STUDENT RECORDS

I authorize and give permission to **West Virginia University Upward Bound** to obtain information regarding my academic, disciplinary, and attendance records. This information may include, but is not limited to, academic transcripts, grade reports, report cards, standardized test scores, attendance reports, disciplinary and behavior reports, test results, Individualized Education Plan and 504 plan details, college enrollment and completion reports, and any other 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 teachers, instructors, counselors, and other school administrators to obtain and exchange information as part of the services provided by the Upward Bound program.

I authorize the release of the information described above and certify that information I have provided as part of this application (including financial information) is true and correct to the best of my knowledge.

Student's Signature _____

Date _____

Parent's/Guardian's Signature _____

Date _____

School Counselor Assessment

(To be completed by school counselor)

Student'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? _____
Has school attendance been an issue for this student in the past? _____
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 **current year grades, most recent state test scores, and academic transcript** (high school transcript for high school applicants, middle school transcript for middle school applicants).

Counselor's Signature: _____

Print Name: _____

School: _____

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:

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						

1. Please describe the student's need for Upward Bound's services: _____

2. 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: _____

Teacher's Name: _____ Teacher's Email: _____

Teacher's Signature: _____ Date: _____

Student's Grade in This Course is: _____

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:

Study Skills				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						

1. Please describe the student's need for Upward Bound's services: _____

2. 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: _____

Teacher's Name: _____ Teacher's Email: _____

Teacher's Signature: _____ Date: _____

Student's Grade in This Course is: _____

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: _____

2. 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: _____

Date: _____

Recommender's Email: _____

Recommender's Phone: _____