



UPWARD BOUND PROGRAM APPLICATION

United States Department of Education TRIO Program

Congratulations!

By accepting this application, you have already taken the first and most important step towards making a commitment to your own education. Below are a few points to get you started in the Upward Bound Program.

- A. Your application must be completed entirely** to be processed. Applications with missing information may be delayed and affect your chances for acceptance into the Upward Bound program. (* = required information)
- B. Eligibility Requirements**
- Be in the 9th or 10th grade at Airport High School, Jefferson High School or Monroe High School.
 - Have a minimum GPA of 2.0.
 - Be a first-generation college-bound student and/or meet the income requirement for the program. *Income requirements are based on the percentage of high income & low income students currently in the program.*
 - Have a need for program services and have the academic potential to succeed in high school and college.
 - Be a U.S. citizen or permanent resident.
- C. Please make sure the following is included in your application:**
1. **A valid and verifiable Social Security number.**
 2. **Income verification** – A copy of your parents' current tax return, Social Security Statement or printouts from Job and Family Services.
 3. Your signed teacher recommendation form (see section E below).
 4. A copy of your most recent grade card.
- D. Email the Teacher Recommendation Form** (form available at monroeccc.edu/upwardbound) to a teacher whose class you have been enrolled within the past year.
- E. Mail** completed applications to: Monroe County Community College –
Upward Bound Program, 1555 S. Raisinville Rd., Monroe Michigan 48161.
- Deliver** the completed application (place in a sealed envelope) to the Upward Bound office at your high school.
Airport High School - Rm 65, Mr. Friedline
Jefferson High School – Rm 115, Coordinator TBD
Monroe high School – Rm B-221, Mr Rubley
- Email** the online application to your high school coordinator.
Airport High School – cfriedline@airportschools.com
Jefferson High School – aquinn@monroeccc.edu
Monroe High School – rubley@monroe.k12.mi.us

If you have any questions, please call the Upward Bound office at MCCC (734) 384-4279 OR 734-384-4106 or contact the Upward Bound Academic Skills Coordinator at your high school.

Upward Bound Program Application Revised 9/2023

STUDENT INFORMATION:

Today's Date: _____

Student's Legal Name: _____
Last Name First Name Full Middle Name

Student's Preferred Name: _____

Birth: _____ Student School ID #: _____
Date Place of Birth

*Social Security Number: _____/_____/_____ Gender: ___ Male ___ Female

***Social Security Number is needed to complete this application**

Ethnicity: ___ African American ___ Alaskan Native/Native American
___ Asian ___ Latino/Hispanic ___ Native Hawaiian/ Pacific Islander
___ White/Caucasian ___ Other: _____

UB Program you are applying for: ___ Airport High School ___ Jefferson High School ___ Monroe High School

Current Grade: _____ Expected Graduation Yr.: _____

Name of current teacher: _____ (UB will contact the teacher for a reference)

Are you currently enrolled in college prep classes ___ Yes ___ No

What class(es) _____

Please list sibling(s) currently in the UB Program and/or have graduated from the UB Program.

Student Address: _____
House #, Street Name, Apt # City State Zip

Home Phone _____ Student Cell Phone _____

Student School Email _____

Student Email (other than school) _____

UPWARD BOUND OFFICE USE ONLY

Current Cumulative GPA: _____

Standardized Test Scores: Name of Test: _____ Grade when taken: _____

Reading/Writing _____ P PP NP MATH _____ P PP NP TOTAL SCORE _____
(Circle one) (Circle one)

(P=Proficient, PP=Partially Proficient, NP=Not Proficient)

Dear Parent/Guardian,

To help the government measure your success, the Upward Bound Director will report the information you provide in this application to the U.S. Department of Education. The Privacy Act protects all information. No one may see the information unless they work with or for the Upward Bound Project or are specifically authorized to determine if you are eligible to participate in the program. The Department of Education has authority to gather information to help make Upward Bound a better program (20 U.S.C. 1231a).

Parent/Guardian Information

Parents' Preferred Language: ___ English ___ Spanish Other _____

Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grand Parent(s)
<input type="checkbox"/> Guardian <input type="checkbox"/> Foster parent(s) <input type="checkbox"/> Other _____
Name if living with someone other than a parent _____

Mother/Guardian

Name: _____ Cell Phone: _____
Occupation: _____ Work Phone: _____
Employers Address: _____
Email: _____

Mother's Educational Attainment:

- | | | |
|---|--|--|
| <input type="checkbox"/> Elementary (K-8) | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High School (9-12) | <input type="checkbox"/> Some College | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Unknown |

Father/Guardian

Name: _____ Cell Phone: _____
Occupation: _____ Work Phone: _____
Employers Address: _____
Email: _____

Father's Educational Attainment:

- | | | |
|---|--|--|
| <input type="checkbox"/> Elementary (K-8) | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High school (9-12) | <input type="checkbox"/> Some College | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Unknown |

CONFIDENTIALITY OF INFORMATION

Great care is taken to make sure that the personal information collected from Upward Bound students is kept confidential. Information or records relating to individual Upward Bound students or groups of students who are participating or have participated in Upward Bound projects shall not be disclosed to any person, group, agency or organization without the express permission of the Director, Project Upward Bound, and U.S. Department of Education. When a project or contract terminates, all Upward Bound records in possession of the project or contractor shall be disposed of only by the authority of and in accordance with procedures approved by the Director, Project Upward Bound.

In addition, any officer or employee of the United States or any department or agency thereof who publishes, divulges, discloses or makes known in any manner or to any extent not authorized by law any information coming to him in the course of his employment or official duties or by reason of any examination or investigation made by or return, report or record made to or field with such department or agency or officer or employee thereof, which concerns or relates to the Upward Bound Program shall be subject to fine of not more than \$1,000 or imprisoned not more than one year, or both, and shall be removed from office or employment under the provisions of Title 18, Section 1905 or the U.S. code.

Parent Signature X _____ Student Signature X _____
Date _____ Date _____

FAMILY FINANCIAL STATEMENT

One of the criteria for admission into the Monroe County Community College Upward Bound program is meeting the income guidelines established by the U.S. Department of Education. Before we can determine your student's eligibility, we are required to have the following information. **Please read carefully and truthfully answer all questions.** If information is not complete, the application cannot be processed. * = required information.

1. *Did you file an income tax return last year? Yes No

Gross family income: _____

*Taxable family income: _____

Copy of current income tax return, proof of social security assistance, or verification of public assistant will be required to be provided upon acceptance into the program.

2. *How many dependents were claimed on your income tax form last year? _____

3. *Total number of persons living in the household (including self)? _____

4. Do either you or your student receive any of the following:

*Does your family qualify for Public Assistance? Yes No Case # _____

*Does your family receive Social Security or SSI? Yes No

*Does your family qualify for Free Lunch? Yes No

*Does your family receive other Income? Yes No

If yes, specify amount \$ _____ weekly monthly yearly

Federal TRIO Programs

Current-Year Low-Income Levels

(Effective **January 19, 2023** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$21,870	\$27,315	\$25,155
2	\$29,580	\$36,960	\$34,020
3	\$37,290	\$46,605	\$42,885
4	\$45,000	\$56,250	\$51,750
5	\$52,710	\$65,895	\$60,615
6	\$60,420	\$75,540	\$69,480
7	\$68,130	\$85,185	\$78,345
8	\$75,840	\$94,830	\$87,210

For family units with more than eight members, add the following amount for each additional family member: \$7,710 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$9,645 for Alaska; and \$8,865 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 19, 2023 and are effective as of January 19, 2023.

[TRIO Home](#) | [Prior-Year Low-Income Levels](#)

I hereby certify, under penalty of perjury, that my family income

- Does** exceed the income levels listed above,
 Does Not exceed the income levels listed above,

based on the size of my family unit. I understand that my family unit includes myself, my spouse (if applicable) and my dependents. If I am a ward of the court, my family unit includes only myself.

I also certify that neither parent/guardian of the applicant has a four-year (Baccalaureate) degree.

- No**, neither parent has a **degree**.
 Yes, At least one parent has a **BA/BS Degree** (4 year)

I also understand that this is a federally funded program, and that this information is subject to review by Federal authorities if the Upward Bound project to which I have applied is audited, and I will be held responsible for the certification made by my signature. I affirm that this information is true and accurate to the best of my knowledge.

Parent/Guardian Printed name: _____

X _____
Parent/Guardian Signature

Date