

#### **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 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.** <u>Email the Teacher Recommendation Form</u> (form available at monroeccc.edu/upwardbound) to a teacher whose class you have been enrolled within the past year.
- **E.** <u>Mail</u> completed applications to: Monroe County Community College Upward Bound Program, 1555 S. Raisinville Rd., Monroe Michigan 48161.
  - <u>Deliver</u> 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, Ms. Stranyak 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 – cstranyak@jeffersonschools.org 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 1/2023

STUDENT INFORMATION:			Today's Date	::	
Student's Legal Name:	Last Name	First N		Full	Middle Name
Student's Preferred Name:			dilic	· <del></del>	VIIIulie Name
Birth:	Place of Birth	১τ	udent Schooi עו #	f:	<del></del>
*Social Security Number:				Male	Female
*Social Security	y Number is needed to	complete this applic	ation		
Ethnicity: African American Alaskan Native/Native American					
Asian	L	.atino/Hispanic	Native I	Hawaiian/	Pacific Islander
White/Ca	ucasian(	Other:			
UB Program you are applyi	ng for: Airport	: High School	_ Jefferson High Sch	oolM	onroe High School
Current Grade:	Expected Gra	duation Yr.:			
Name of current teacher:			(UB will conta	ct the teache	r for a reference)
Are you currently enrolled i	n college prep class	esYes	No		
What class(es)					
Please list sibling(s) current	:ly in the UB Prograr	m and/or have g	aduated from the	UB Progra	ım.
Student Address:					
House a	#, Street Name, Apt #	City		State	Zip
Home Phone Student Cell Phone					
Student School Email					
Student Email (other than s	chool)				
	105 ONLY				
UPWARD BOUND OFFICE U	SE ONLY				
<b><u>Current Cumulative GPA</u></b> : _					
Standardized Test Scores:	Name of Test:		Grade \	when taken	1:
Reading/Writing	P PP NP M	ATH	P PP NP 7	ГОТAL SCOR	E
		P=Partially Proficient, NP			

# **Student Autobiography**

any information you feel will assist us in learning as much about you, your interests, and your needs for the Upward Bound Program. Include such things as your birthplace, where you grew up, why you want to				
participate in Upward Bound, how Upward Bound can assist you, which syour goals in life. (You may use a separate piece of paper)				
ist extracurricular activities you are involved in:				
How did you learn about the Upward Bound Program?				
Are you interested in attending college after high school gradua	ation?	Yes	No	
Applicant's Signature:	Date:	/	1	

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 Lan	guage: EnglishSpani	ish Other	
Student lives with:  Name if living with some	☐Both Parents ☐Mother ☐ ☐Guardian ☐Foster parer	nt(s)    Other	
Traine in inving vital series			
Mother/Guardian Name: Occupation: Employers Address: Email:		e: one:	
Mother's Educational	Attainment:		
☐ Elementary (K-8) ☐ High School (9-12) ☐ GED	☐ High School Diploma☐ Some College☐ Associate Degree	<ul><li>□ Bachelor's Degree</li><li>□ Graduate Degree</li><li>□ Unknown</li></ul>	
Father/Guardian Name: Occupation: Employers Address: Email:			
Father's Educational A	ttainment:		
☐ Elementary (K-8) ☐ High school (9-12) ☐ GED	☐ High School Diploma☐ Some College☐ Associate Degree	<ul><li>☐ Bachelor's Degree</li><li>☐ Graduate Degree</li><li>☐ Unknown</li></ul>	

#### **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.

Paren	nt Signature X S	tudent s	Signatu	re X
Date		Date		
====				
	FAMILY FINANCIAL STAT	EMEN	<u>r</u>	
meeti your s truthf	of the criteria for admission into the Monroe County ing the income guidelines established by the U.S. Destudent's eligibility, we are required to have the following the following the student's eligibility. The student's eligibility is a second to be a support of the control	<u>epartme</u> owing in	nt of Ed formati	ducation. Before we can determine ion. Please read carefully and
1.	. *Did you file an income tax return last year?   Gross family income:		_ <b>N</b>	No
	*Taxable family income:  Copy of current income tax return, proof of social secretarized to be provided upon acceptance into the pro-	curity ass		or verification of public assistant will be
2.	. *How many dependents were claimed on your in	come ta	x form l	last year?
3.	. *Total number of persons living in the household	(includir	ng self)?	
4.	. Do either you or your student receive any of the f	following	g:	
	*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?  If yes, specify amount \$ □ week		□ No onthly	□ 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 fan	nily income
<b>Does</b> exceed the income levels listed	above,
<b>Does Not</b> exceed the income levels li	sted above,
based on the size of my family unit. I understand that applicable) and my dependents. If I am a ward of the o	
I also certify that neither parent/guardian of the appl	icant 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 progra by Federal authorities if the Upward Bound project to responsible for the certification made by my signature to the best of my knowledge.	which I have applied is audited, and I will be held
Parent/Guardian Printed name:	
X	
Parent/Guardian Signature	Date