



UPWARD BOUND 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 in order to be processed. Applications with missing information may be delayed and affect your chances for acceptance into the Upward Bound program.

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, B) Social Security Statement or C) printouts from Job and Family Services
3. Your signed teacher recommendation form
4. A copy of your most recent grade card

D. Mail completed applications to: Monroe County Community College - Upward Bound Program
1555 S. Raisinville Rd., Monroe Michigan 48161

OR

Deliver the completed application (place application in a sealed envelope) to the Upward Bound office at your high school:

Airport High School - Rm 65, Mr. Friedline
Jefferson High School – JHS Main Office, Ms. Stranyak
Monroe High School - A-115, Ms. Lambert

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 8/19

Today's Date: _____

STUDENT INFORMATION:

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

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

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

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

Select the UB Program you are applying for:

___ Airport High School ___ Jefferson High School ___ Monroe High School

Currently in Grade: _____ Current GPA: _____ Expected Graduation Yr.: _____

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

Student Address: _____
House # and Street City State Zip

Home Phone () _____ Student Cell Phone () _____

Student Email Address: _____

Student's Counselor Name: _____

Are you enrolled in college prep classes ___ Yes ___ No

Please list the college prep classes you have completed or are enrolled in:

*Social Security Number is needed to complete this application.

Student Autobiography

In the space provided, write an autobiography. An autobiography is an account or story of your life. Include 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 services you can benefit from, and your goals in life. (You may use a separate piece of paper)

List extracurricular activities you are involved in:

How did you learn about the Upward Bound Program? _____

Are you interested in attending college after high school graduation? Yes No

Applicant's Signature: _____ **Date:** ____ / ____ / _____

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: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
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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: _____

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: _____

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 (see back). Before we can determine your student's eligibility, we need the following information. Please read carefully and answer all questions. **If information is not complete, the application cannot be processed.**

1. Did you file an income tax return last year? Yes No
Gross family income: _____
Taxable family income: _____
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

If selected for an interview for participation in the Upward Bound Program, bring a copy of your family's most current Income Tax Return or verification that you are receiving public assistance.

Federal TRIO Programs
Current-Year Low-Income Levels

(Effective January 11, 2019 until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,735	\$23,400	\$21,570
2	\$25,365	\$31,695	\$29,190
3	\$31,995	\$39,990	\$36,810
4	\$38,625	\$48,285	\$44,430
5	\$45,255	\$56,580	\$52,050
6	\$51,885	\$64,875	\$59,670
7	\$55,515	\$73,170	\$67,290
8	\$65,145	\$81,465	\$74,910

For family units with more than eight members, add the following amount for each additional family member: \$6,630 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,295 for Alaska; and \$7,620 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 2019 poverty guidelines are in effect as of January 11, 2019.

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

(check box) **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.

(check box) **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

Teacher Recommendation for Upward Bound Applicant

Name of applicant: _____

To be completed by a teacher who has had this student enrolled in his or her class within the past year.

5= Excellent	4	3	2	1=Poor	
5	4	3	2	1	Has good attendance and demonstrates punctuality.
5	4	3	2	1	Seems motivated to achieve in class.
5	4	3	2	1	Demonstrates good study habits.
5	4	3	2	1	Accepts responsibility for his/her work.
5	4	3	2	1	Is cooperative.
5	4	3	2	1	Relates well with peers.
5	4	3	2	1	Exhibits dependable and reliable behavior.
5	4	3	2	1	Appearance and behavior reflect a positive self-image.

I would recommend the above named student for admission to the Upward Bound program at Monroe County Community College. I believe that this student has potential to succeed in college, although his/her present grades may not reflect it. To the best of my knowledge, this student meets the requirements for participating in Upward Bound.

I would NOT recommend the above named student for admission to the Upward Bound program at Monroe County Community College.

Comments:

Signature _____

Date _____